04164 erol director, be filed with may be retained. The haspital or attending physician. D.FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by 1th page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

-th: Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

may be retained TO FUNERAL DIRECT TO HOSPITAL OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. NO.4161

1. PLACE OF DEATH a. COUNTY atonsvil	le. Baltin	one (County MARYLAN	II o. STATE	Maryland	sed lived. If institu b. COUN	Y AVVAVA	More odmission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limitarest town)	its, write	E. LENGTH OF STAY IN 1	b c. city or Hano	TOWN (If outside com	porote limits, write	RURAL and give r	neorest town)
d. NAME OF HOSPIT OR INSTITUTION HOUSE	Al (If not in hospital, o		ddress)	d. STREET A	DDRESS /	30x 743	Mex X XXXXX	e. IS RESIDENCE ON A FARM? YES ☑ NO ☐
3. NAME OF DECEASED (Type or print)	James		Middle Bauff	Adam 4	4. DATE OF DEAT	4	onth 1	Day Yeor
5. SEX Male		7. MARRI WIDOWEI	DIVORCED	7/7/10	84	9. AGE (In yeo lost birthday	Months Doys	AR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during most of work	ing life, even if retired) ,	SIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPI	ACE (State or foreign	country)	U. S. &	OF WHAT COUNTRY?
13. FATHER'S NAME Willi	am B. Ada	ms :	M. Jan	611	Duke			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR Iff yes, give war or dates of s	ervice)	OCIAL SECURITY NO. 1	Mrs. Sai	die A. Add		143 Hanc	ver, Md.
Conditions, if a gave rise to it cause (a), stating lying cause loss.	mmediate the under-		and the contributing to DEATH.	o-le	n's	Constantion of	zea	ITERVAL BETWEEN NSET AND DEATH 19. WAS AUTOPSY PROCEDUREDS
3 MILE	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	1/2	RIBE HOW INJURY OCCU	any	all offer	2/1/	2	AEZ NO S
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. IN White at work	_ Not while_	PLACE OF INJURY (factory, street, office	Home, form, 20f. (C e bldg., etc.)	ity or town)	(Count	y) (State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease , 1862	119	oth occurred at			ond on the d	saw the deceased lote stoted obove. DATE SIGNED
270. BURIAL, CREMATIO REMOVAL (Specify)		1962	22c. NAME OF CEMETER Olivet Co	Y OR CREMATORY	nd. 100 St.	Michael	s Maril	(Stote)
23. FUNERAL DIRECTOR	s signature bran 3000	9 8	Baltimona	St.	240. REC'D BY REGI		Cistrar's signat	

. 1

OR: After this certificate has been signed by the attending physician and completely filled in by the ral director, lefacthed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with may be retained to hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cam page 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4

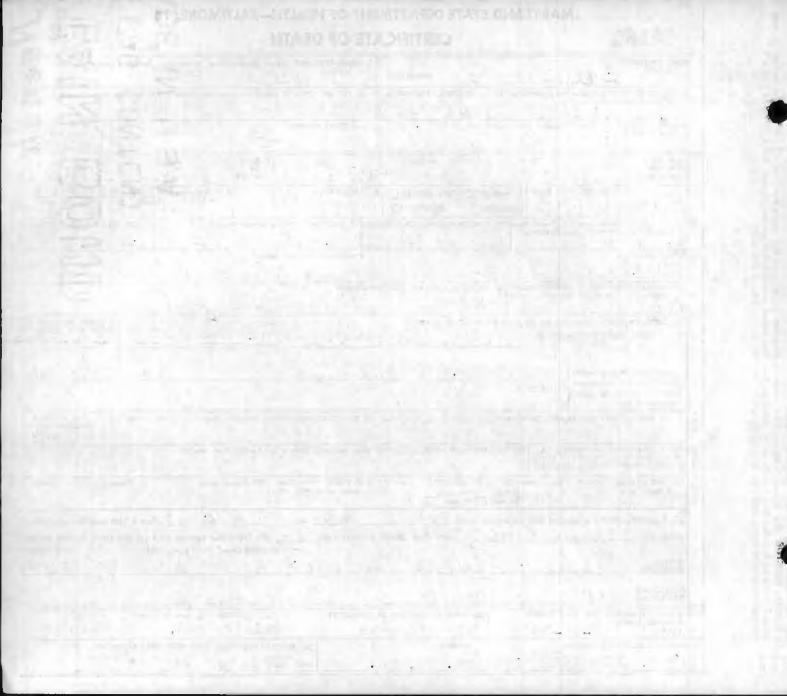
04165

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04162 Reg. Dist. No.

)	1. PLACE OF DEATH Baltmore 22 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 440.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	or Institution 8226 Bletzer Rd.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MARY. T. Middle	DAMS. 4. DATE AMONTH. Day Year DEATH APRIL 20.1962
	Female White, WIDOWED DIVORCED []	8. DATE OF BIRTH MAR. 24. 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired) Journal During During	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
)	Michael Susko.	Mary Haddock
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give wor or doles of service) (If yes, give wor or doles of service)	Self. as in # Address.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o) Conditions, if any, which gove rise to immediate couse (a), stoting the under: [ying couse lost.]	cinomia anjulla Vater 6 Month Levation ou 2/15/62
	CAL	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?. YES \(\subseteq \text{ NO } \subseteq \sim \text{ NO } \subseteq \text{ NO } \subseteq \text{ NO } \subse
	- /	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for hour o. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
	ACTUAL SIGNATURE SOLLIS M. Acelia.	accurred at 520 M, from the causes and an the date stated above. ADDRESS (Street, Pity or toying stole) ADDRESS (Street, Pity or toying stole) ADDRESS (Street, Pity or toying stole) ADDRESS (Street, Pity)
	NAME (Type) / U /) / / / / / / / / / / / / / / /	(Sione)
	Burial 4-23-1962 Holy Redeem 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	er Belair Road, Marvland 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
	OHN J. DUDA 7922 Wise Ave. 22. Md	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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04163

F. DENNY, Inc. 715 Light

	7.4 \$1 mint 146;									
D. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Baltimore									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Baltimore	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore,									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Arbutus Ave.	d. STREET ADDRESS O. IS RESIDENC ON A FARM YES NO									
D. NAME OF First Middle DECEASED (Type or print) STELLA F.	ADAMS 4. DATE OF DEATH APril 28, 1962 19									
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH MERCH 19, 1885 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 H Manch 19, 1885 777 yrs. Months Days Hours Mid									
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	Boyertown, Pa.									
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Jonathon D. Scheeler	Violet Fisher									
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address									
(If yes, give wer or dotes of service) NO	bert S. Adams, Jr. 2731 Arbutus Ave									
18. CAUSE OF DEATH [Enfer only one cause per line for (0) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH ONSET AND DEATH										
422.1 DUE TO 21	2 1 (101)									
Conditions, if any, which) (b) Cheroscle	notice VVV									
gave rise to immediate case (a), stating the under- lying couse last.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOP PERFORMED? YES NO									
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) 20f. (City or town) (County) (Sto									
21. I certify that I attended the deceased from Jan	1962 to Cipul 28, 1962 that I last saw the dece									
alive on and 29 1862, and that death	// 301									
1 1 1 1 1	ADDRESS (Street, city or town, steps) DATE SH									
SIGNATURE SILVERS . Develles	MD. 2456 WashingTonolud 4/30									
PHYSICIAN'S Herbertt V, Levicke	35 Baltemai - 30 Wed									
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Cremation 5/1/62 22c. NAME OF CEMETERY OF Loudon Page 1										
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24- DECID BY DECISTRAR 245 DECISTRAR'S SIGNATURE									

St.

DATE

may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shother registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

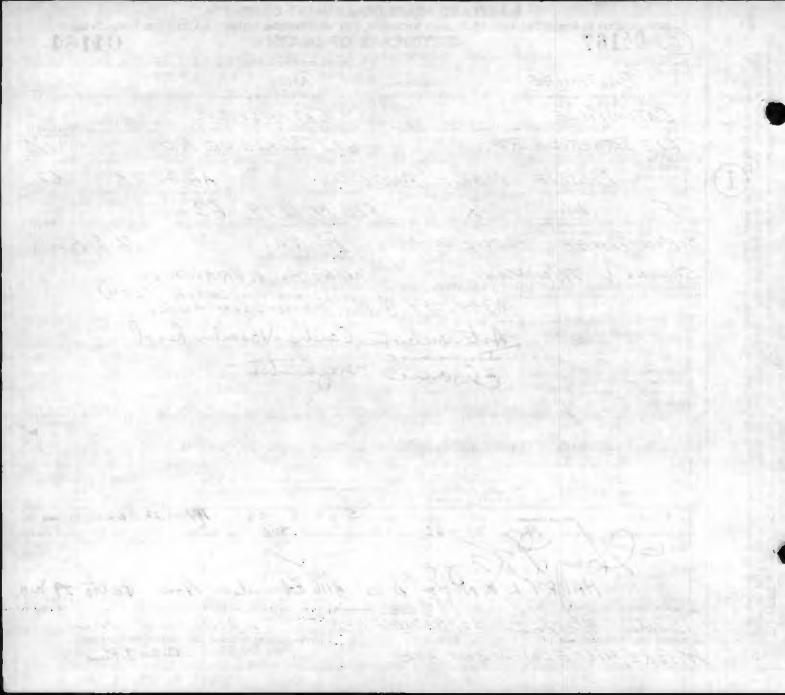
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 1 be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after depth.

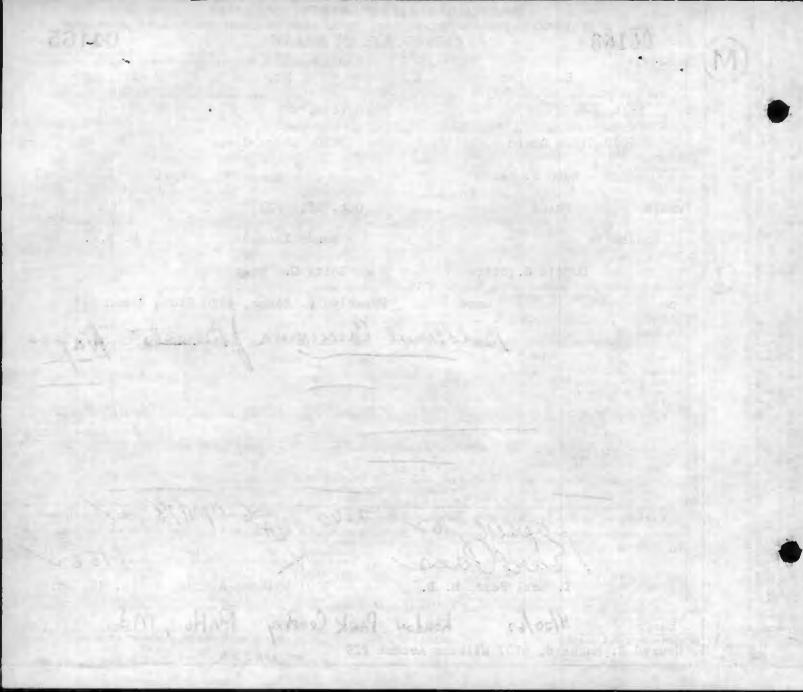
6/04167	CERTIFICAT		REET, BALTIMORE 1,	04164
PLACE OF DEATH		2. USUAL RESIDENCE (When		Residence before admissi
BALTIMORE	MARYLAND	a STATE MD.	b. COUNTY	H. m. n. 2.
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		corporete limits, write RURAL as	nd give neerest town)
write RURAL and give nearest town)		Y CITALIS	LILE	
LATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	ospitel, give street address)	A CATONST	THE	1 o. IS RESIDEN
613 BRAESIDE RE		613 BRAES	IDE AD,	ON A FAR
NAME OF First DECEASED (Type or print)	Middle ARIE AND	Last 4. DAY OF DEA		2, 1962
DESSIE /		ERSON DES	9. AGE (In years IF UNDER	
F, Wi WIDOV	VED NEVER MARRIED 8	FEB. 14, 1899	last birthday Months	Deys Hours Mir
. USUAL OCCUPATION (Give kind of work 10b. ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. 8IRTHPLACE (County & State	o, or foreign country) 12. Cl	TIZEN OF WHAT COUN
	LIC SCHOOLS	W. VA.		11.5,4,
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-	
CAMUEL V. THOMPSO	4/	111 BI A 111	GRAMAN,	
	6. SOCIAL SECURITY NO. 1 17.			(1)
s, no, or unkown) ((fyesgivewerordetesofservice)	12-11/4 COOI/ M.	R. WILLIAM AN	DERSON (S.	ON)
41	5748077 5.	200 FDMANDS	AN AUE	
		100	0.7	
18. CAUSE OF DEATH [Enter only one couse pe	line for (e), (b), end (c).]		1 0 0	
18. CAUSE OF DEATH [Enter only one ceuse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	the tor (0), (b), and (c).	Cardio-Vos	carlar Renol	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY,	rline for (o), (b), and (c).]	Cardio-Vos	ecular Renal	
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO	rline for (o), (b), end (c).] Interiosclerates	Cardio-Vos	earlar Renol	
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause	The for (o), (b), and (c).] Interiosclerate, Description	neghatia	earlar Renol	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying DUE TO	The for (o), (b), end (c).] Interiosclerates Descrie	neghita	icular Renol	
Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.	hronic	neghita	icular Renol	ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying	hronic	Cardio-Vos	ASE CONDITION GIVEN IN PAR	ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.	hronic	Cardio-Vos neghintes	ASE CONDITION GIVEN IN PAR	ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (e). Let TO Conditions, if eny, which gave rise to immediate cause (e), sletting the underlying DUE TO Cause lest. Conditions of the cause cause lest. Conditions of the cause lest.	Archie DATE DATE BUT NO	Cardio-Vos regliation Trestated to the terminal DISE.		ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO. 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING AUSE OF DEATH	Archie DATE DATE BUT NO			ONSET AND DEATH
Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO. 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Derchie DATE DATE BUT NO ESCRIBE HOW INJURY OCCURED	, (Enter neture of injury in Perf I or P	art II of item 18.)	ONSET AND DEATH IT 1(a) 19. WAS AUTOF PERFORMED YES NO
Conditions, if eny, which gave rise to immediate cause (e), sletting the underlying DUE TO EAST II. OTHER SIGNIFICANT CONDITIONS CO. ACCIDENT WAS UNDERLYING CONCENTIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITERIOR TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED I. INJURY OCCURRED 200. PLA		art II of item 18.)	ONSET AND DEATH IT 1(a) 19. WAS AUTOF PERFORMED YES NO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (a), sletting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year P.m. 19	DATE DEATH BUT NO ESCRIBE HOW INJURY OCCURED I. INJURY OCCURED I. Not While fool ork st work 1	CE Of INJURY (Home, farm, 20f. ory, street, office bldg., etc.)	(City or town) (Co	ONSET AND DEATH IT 1(a) 19. WAS AUTOF PERFORMED YES NO
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), sletting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19	DATE DEATH BUT NO ESCRIBE HOW INJURY OCCURED I. INJURY OCCURED I. Not While fool ork st work 1	CE Of INJURY (Home, farm, 20f. ory, street, office bldg., etc.)	(City or town) (Co	ONSET AND DEATH IT 1(e) 19. WAS AUTOI PERFORMED YES NO Unity) (State
Conditions, if eny, which gave rise to immediate cause (e), steting the underlying DUE TO Course lest. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART III. OTHER SIGNIFICANT CONDITIONS CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Year Hour e.m. p.m. 19 21. 1 certify that (i) (this hospital) atterprises	DATE DEATH BUT NO ESCRIBE HOW INJURY OCCURED I. INJURY OCCURED I. Not White fact ork st work indeed the deceased from.	CE OF INJURY (Home, farm, 20f, ory, street, office bldg., etc.)	(City or town) (Co	ONSET AND DEATH IT 1(a) 19. WAS AUTOI PERFORMED YES NO Unity) (State
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PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year WHOUT e.m. p.m. 19 21. 1 certify that (I) (this hospital) after saw the deceased alive on	ESCRIBE HOW INJURY OCCURED INJURY OC	CE OF INJURY (Home, farm, 20f, ory, street, office bldg., etc.) death occured at 22.4M, 1	(City or town) (Co	ONSET AND DEATH IT 1(e) 19. WAS AUTOP PERFORMED YES NO Unity) (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying DUE TO Couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Whour e.m. p.m. 19 et w 21. 1 certify that (I) (this hospital) after saw the deceased alive on	ESCRIBE HOW INJURY OCCURED INJURY OCCURED IN INJURY OCCURED INJURY OCCURED IN INJURY	CE OF INJURY (Home, farm, 20f, ory, street, office bldg., etc.) death occured at 22AM, 1 ATTENDING PHYS. 22d. ADDRESS HILL Ed mord	(City or town) (Co	ONSET AND DEATH IT 1(e) 19. WAS AUTOF PERFORMED YES NO One 2 that (1) (we) the date stated ab- 22b. DA
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), sleting the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 21. I certify that (I) (this hospital) after saw the deceased alive on	ESCRIBE HOW INJURY OCCURED INJURY OCCURED IN INJURY OCCURED INJURY OCCURED IN INJURY	CE OF INJURY (Home, farm, 20f, ory, street, office bldg., etc.) death occured at 22AM, 1 ATTENDING PHYS. 22d. ADDRESS HILL Edmord	(City or town) (Co	ONSET AND DEATH IT 1(e) 19. WAS AUTOF PERFORMED YES NO Unity) (State 22b. DA' SIG
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), steing the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 et w 21. I certify that (I) (this hospital) atte saw the deceased alive on	ESCRIBE HOW INJURY OCCURED INJURY OCCURED IN INJURY OCCURED INJURY OCCURED IN INJURY	CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.) death occured at 22 AM, 1 ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS HILL Edimond OR CREMATORY 23d. 1	(City or town) (Co 10	ONSET AND DEATH IT 1(e) 19. WAS AUTOF PERFORMED YES NO Unity) (Stote 22b. DA SIG
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (c), stering the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 21. 1 certify that (1) (this hospital) after the deceased alive on	DITCHES CLEATER ONTRIBUTING TO DEATH BUT NO ESCRIBE HOW INJURY OCCURED INJURY OCCURED INJURY OCCURED OR St work 200. PLA fact fact AND	CE OF INJURY (Home, farm, 20f. ory, street, office bldg., etc.) death occured at 22 AM, 1 ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS ALL COMMON AND COM	(City or town) (Co 10. 15/12/22, 15 from the causes and on STAFF PHYS. Lon Are. (Country)	ONSET AND DEATH IT 1(e) 19. WAS AUTOI PERFORMED YES NO Unity) (State 22b. DA SIG Ralto 29 ON 2 that (1) (we) (State)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04165

-											
	LACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESI	Md.	daceasad lived, If i b. COUN		nce before admission) More			
b.	CITY OR TOWN (if outside co write RURAL and give neare BAILIMOTE	orporata limits, ast town)	c. LENGTH OF STAY IN 16	Baltimore		rporale limits, writa	RURAL and give	naarasi town)			
d,	NAME OF HOSPITAL OR INS		spital, give street eddress)	d. STREET ADD	RESS Eldon Gre	een		ON A FARM?			
D	IAME OF SECERSED (Ype or print)	uth F. Bace	Middle	Lost	4. DATE OF DEAT	5.00,000		Yeer 19 62			
5. Si		white widow	ED ET NEVER MARKIED	Oct. 18,		9. AGE (In yeers last birthdey) 39 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.			
IDe. done	USUAL OCCUPATION (Give during most of working life, a housewife	kind of work even if retired)	KIND OF BUSINESS OR INDUSTR		(County & State, o	or foreign country)	U. S.	A.			
13. F	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME						
	Do	nald C. St:	ickell	Edith (G. Hess						
15. V	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	-				
(Yas,	no, or unkown) (Ifyesgive we		none Fr	anklyn C.	Bacon,	4820 Eldo	n Green	#27			
	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last.	DUE TO (b) DUE TO (c)	NTRIBUTING TO DEATH BUT NO	Carcino of related to the t		J Mas		PERFORMED?			
CERT	De. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	OF DEATH	SCRIBE HOW INJURY OCCURED	, (Enter neture of inju	ry in Pert I or Pert	t II of item 18.)		YES NO N			
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. While Not While et work et work et work of work										
	21. I certify that (I) (this hospital) attended the deceased from 2 100 to 74 100 to 1900, that (I) (we) last saw the deceased alive on CANAL (1000) and that death occurred at AM, from the causes and on the date stated above.										
	22a. SIGNATURE LLY POSS M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 4-186 SIGNED										
2	22c. PHYSICIAN'S NAME (Type)	I. Earl Pas	ss, M. D.	4001		Avenue,	Balto. 2	9, Md.			
	BURIAL, CREMATION, 23b. EMOVAL (Specify) Burial	4/20/62	23c. NAME OF CEMETERY	ARK Ceme	dery 1	SA No.	md.	(State)			
24 F	UNERAL DIRECTOR'S SIGNAT Howard H. Hubb	ard, 4107	Wilkens Avenue	#29	REOD BY REGI		SISTRAR'S SIGNA				
			47.24	DA	TE APR 23	'62	1 8. Tu				



TO HOSPITAL (CALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use burial, cremation, or removal, and if any event, within 72 heurs after leasth.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04166

~	1. 1	- COLINTY	USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)
A)	Ι.	Baltimane MARYLAND	. STATE Many and b. COUNTY Ballingha
41	}_	- Date Of the Co	c. CITY OR TOWN (If Suiside corporate limits, write RURAL and give neerest town)
		write RURAL and give neerest town)	
	-	lowsonX	tamsibt-lawson
		d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
		8201 Loch Raven Blvd	8201 Loch Raven Blvd. YES NO RK
	3.	NAME OF First Middle	Last , 4. DATE Month Dey Year
		(Type or print) Mn John Pools Rambarras	OF DEATH Annil 844 10 63
		Tive forth 100xe Dunoette	TO SEATH April 8th 19 62 TE OF BIRTH 19. AGE (In fears IF UNDER 1 YEAR IF UNDER 24 HRS.
	٦.	SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED . DA	lest bigthdey) Months Days Hours Min.
		male white WIDOWED DIVORCED Ju	ly 11, 1892 69m
\		De USEAL OCCUPATION (Give kind of work 10b. KIND OF BESINESS OR NDUSTRY 11 one during most of working I fe even if retired)	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		1 , 1 / / / /	Baltimore, Maruland U.S.A.
/	13.	B. FATHER'S NAME	MOTHER'S MAIDEN NAME
			/· · · / n /
	15.	5. WAS DECLASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO., 17. INFO	Irunia (Poole _
		5. WAS DECEASED EVER IN U.S. ARMED FORCESTV 16. SOCIAL SECURITY NO. 17. INFO (es, no, or unknown) (Ifyasgivewerordatesofservice)	RMANT Address
		213-03-4185 \ /Ivrs.	Nancy Bamberger saame
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) 1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY MYOLARDIAL JUFA	AECTION I HOUR
		V - Income	
		DUE TO HOTE DIOSE TO DOTE	ARDICUALCULAR DISEALE S YEARS
		Conditions, if any, which gave rise to immediate cause	
		(a), steting the underlying DUE TO	
		ceuse lest. (c)	
1	E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
,	AT		YES NO .
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW MUNICY OCCURED. (Enter	er neture of in ury in Pert I or Part II of item IB.)
	SE	OR CONTRIBUTING CAUSE OF DEATH	
	4	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. PLACE O	FINJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While fectory, s	reet, office bldg., atc.)
	X		
	Н	21. I certify that (I) (this hospitat) attended the deceased from	46. 11, 1957, to APRIL 5, 1962, that (1) (we) last
		saw the deceased alive on 120, 25 1967, and that dea	th occured aff. M. M. from the causes and on the date stated above.
		22e. SIGNATURE	ATTENDING / MED. STAFF A SIGNED
		adam yours	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. APRIL 4.1462
		22c PHYSICIAN'S	22d. ADDRESS
		NAME (Type) ADAMG. SWISS	6232 BELAIR KUAD, GALTOG MD
	-	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City, lown or county) (State)
1	238	REMOVAL (Sperify)	
	_	Durial 4/11/62 Holy Redeeme	
	24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REGISTRAR 256. REGISTRAR'S SIGNATURE
1	1 /	Leonard J. Ruck 5395 Hargard Road #1	DL DATE

سرياء دي

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed tived, If institution; Residence before edmission) PLACE OF DEATH . COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (il outside corporete I mits, c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Cat nsville Baltimore 2vrl3dvs Pages filled d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street eddress) d STREET ADDRESS S. Last Avenue SPRING HOS TTAT. STATE 3. NAME OF DECEASED OF Garland DEATH April (Type or print) Darnes 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | carbon lest birthdey) pue Months male certificate toe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11 BIRTHPLACE [County & Stele, or fore gn country] done during most of working life, even if retired) Virginia grinder Machine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Barnes Mary Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 229-18-7686 Records: SPRING unknown 3 IA E 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I, DEATH WAS CAUSED BY: Congestive heart failure IMMED ATE CAUSE (e) peu6's Carcinoma of lung with cerebral, adrenal and Conditions, if any, Which (b) geve rise to immediate cause other metastases. DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY certificate Se 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df (City or lown) factory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 3 should be del 21. I certify that (IK(this hospital) attended the deceased from. March 19 19,60 to. April 2, 19,62 that (1) (we) last 22e SIGNATURE **ATTENDING** DIRECTOR PHYS. PHYS. O HOSPITAL
death, Page 4 22d ADDRESS 22c. PHYSICIAN'S GROVE STAE NAME (Type) Stella Wachsler, M. D. -Catensville 28. Ad. 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4)

15M 9/60

(County)

A. IS RESIDENCE ON A FARM?

YES NO -

19 62

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

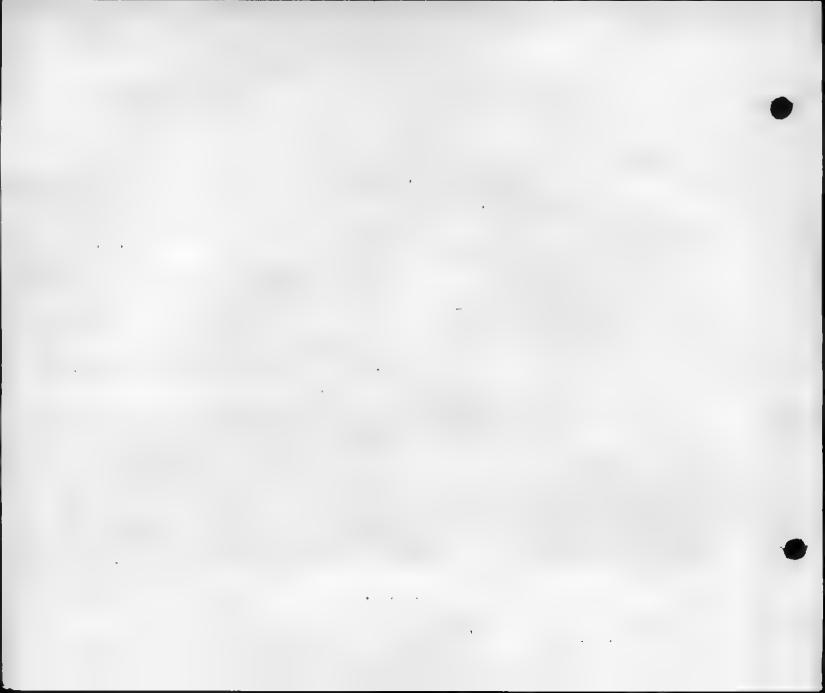
ONSET AND DEATH

PERFORMED? NO F

22b. DATE

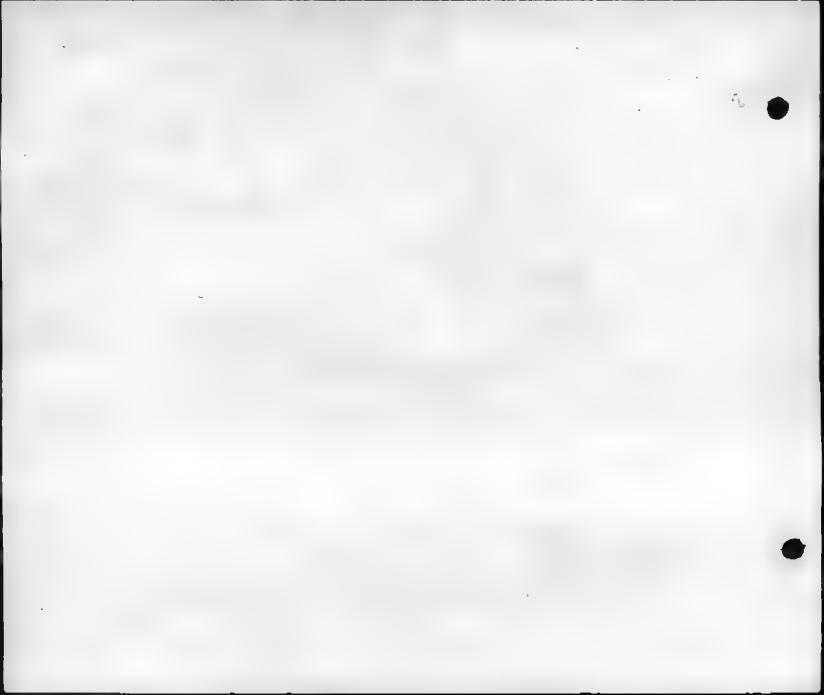
SIGNED

hours



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residence before admiss on) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN IL b. CITY OR TOWN (if outs de corporela limits write RURAL and give nearest town) WOODLAWN Pagest filled IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF Day OF DECEASED DEATH (Type or print) carbon IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED and last birthday) ent, DIVORCED physician гетоув 12. CITIZEN OF WHAT COUNTRY? 10a. JSLAL OCCUPATION (Give kind of work done during most/of working life, even if retired) 13. FATHER'S NAME please aftending ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), endy(c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19 CERTIFICATION. PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of tem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from .[, and that death occured and on the date stated above. saw the deceased alive 22e. SIGNATURE ATTENDING FUNERAL 22c PHYSIC AN'S director, be filed v 23a, BURIAL, CREMATION OH REC'D BY REGISTRAR VR A1S [4] DATE

AND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 04169 should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN III outside corpor c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? directo 0 registrar pri YES 1 NO NAME OF First Middle DATE Lost Month Day DECEASED (Type or print) DEATH スス 19 for 5. SEX 7. MARRIED NEVER MARRIED 78. DATE OF BIRTH 9. AGE (In years 4. COLOR OR RACE IFUNDER TYEAR IF UNDER 24 HRS. Davis Hours Min. WIDOWED | DIVORCED | yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ć1 and ofter å DA MOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Pages Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File were or delet of secure Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) e alang with fa o burial-transit DUE TO with Canditions which eny, pencil gove rise to immediate couse certificate should **DUE TO** (o), stating the underlying couse lost. PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY 150 CERTIFICATION PERFORMED? YES | NO P 20g EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Exami 3 should the ward MEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg , etc.) While O. M. Not white at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection 4. Inquiry , and find that DIRECTOR: death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED **ACTUAL** D SIGNATURE forwarded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER remaval DEPUTY **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRARIS SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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iam and campletely filled in by the	opers. Pages 1	Annual Property
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by the attending physicial	iit. Then pleas	

TO FIGURE AL DIRECTOR: A page 3 should be detached by the should be detached by the shoulth at the shoulth at the shoulth at the shoulth by the shoulth at the shoulth by t

1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland B**altimore** b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) LivtlOmth23dvs Baltimore Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 1402 Patansco Street YES NO SPRING GROVE S TATE HOS PETAL NAME OF DECEASED First Middle Month April DEATH 30 (Type or print) Berigtold Selma IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours May 21, 1889 female white WIDOWEDT DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? housewife (Cashfer) New York. N. Y. U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Gerstenberg Isadore Lippman Fredericka IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 213-20-0624 Records: SPRING STATE HOSLITAL no GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ora Stander whenia IMMEDIATE CAUSE (a) DUE TO betis - ar terisoler the heart disease Conditions, if ony, which gave rise to immediate couse (a), stating the underlas l'arterno clarosis lying couse lost TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Port |) of item 18. 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while at work at work 21 I certify that (\$\pi\$(this haspital) attended the deceased fram. June 3 - 19.57 to April 30, 19.62 that (\$\pi\$(we) last saw the deceased alive an April 3.01962, and that death accurred at m. M, from the causes and on the date stated above. 22a, SIGNATURE 22b DATE ATTENDING PHYS SIGNED STAFF PHYS DIRECTOR -22d, ADDRESS 22c. PHYSICIAN'S GROVE STATE NAME (Type) Stella Wachsler, M. D. Catonsville 26, Maryland 23a BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) BURTAL (Specify) 5-3-62 Baltimore National Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution; Residence before admiss on) 1. PLACE OF DEATH . COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Fort Howard 1 Day Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 922 Locks Avenue Veterans Administration Hospital COLUMBUS First GUSTAVUS MADOLPHUS 4 DATE DECEASED OF DEATH (Type or print) GUSTAVE ADOLPH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH last birthday] | Months Days DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or fore gn country) Self-employed done during most of working life, even if retired) Beltimore Maryland

14. MOTHER'S MAIDEN RAME Plumbing Company Plumbar U.S.A. 13. FATHER'S NAME MARY THOMAS John Bien 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 216-32-8185 Clinical Records VAH Fort Howard Maryland 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (e) **DUE TO** PASSIVE CONGESTION LIVER, SPLEEN, KIDNEYS Conditions, if any, which? gava rise to immediate cause DUE TO (e), stating the undarlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY TERMINAL BRONCHO PNEUMONIA BILATERAL 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour am al work at work 19 62 10April 29 , 1962, that ((we) last 21. I certify that (X (this hospital) attended the deceased from April 28... and that death occured at 20 M, from the causes and on the date stated above. saw the deceased all onADTI 22a S GNATURE

carbon and physician Then please The law in alterding physician, as been signed by the attent as burial transit permit. Then the burial transit permit, and the burial transit permit. attending DIRECTOR: After this 3 should be detached for death. Page 4
TO FUNERAL director, page 3
be filed with the

CERTIFICATION

MEDICAL

22c. PHYSICIAN'S

REMOVAL (Specify)

Burial

24 FUNERAL D RECTOR'S SIGNATURE

NAME (TYPO) SEBASTIAN RUSSO, M

Charles E. Schimunek Funcral Home 3331 Brehms Lane

236. BURIAL, CREMATION .: 235 DATE THEREOF

should funeral

and 2 death.

rs. Pages 1 and hours after deat

2

17

Pellis

123c. NAME OF CEMETERY OR CREMATORY Balto National Cem.

. 23d. LOCATION (City, town or county) Baltimore, Md.

STAFF

PHYS.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ATTENDING

PHYS. 22d. ADDRESS

DIRECTOR

VAH. Fort Howard, Maryland

arthur & House

e. IS RESIDENCE

YES NO Y

19 62

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

UNKNOWN

PERFORMED?

NO

(Stele)

22b. DATE

30-62

S GNED

Year

ON A FARM?

/A 997 3 5 9 9 27 5 p Angla . not the second M 47 ...

-

STATE DESIGNATION OF MEALTH

uted within 24 hours after death. If any delay lem 18. Give Pages 1, 2, and 3 to the funeral with form PM3. Page 5 may be retained for with form PM3. Page 5 may be retained for with the State D 温力 may h 2 with 70 ci ge 5 and within in Item 18. along I-transit "pending" in pencil xaminer's Office alo burial mertificate should (0) a word "peners edical Examiner's s certificate, writing the work varded to the Chief Medical IRECTOR: Page I should bit forwarded to the Chit please execute to 4 should be form CO PUNERAL D DEPUTY YR A15ME 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH Rivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on) PLACE OF DEATH a. COUNTY Раде a. STATE **b.** COUNTY Balto Co MARYLAND Baltimore Maryland b. CITY OR TOWN (if ouls de corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ō. wr te RURAL and give nearest lown) ŏ Baltimore 7 vrs. Baltimore 7 0 may be retained for 2 with the State Boars d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7500 Marston Road 7500 Marston Rd YES NO 4 3. NAME OF Middle 4. DATE Month Year DECEASED OF [Type or print] DEATH 19 62 Curtis C. Bradshaw death. I 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (n years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours lest birthday) Months Days WIDOWED DIVORCED 1898 Jan. 14 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ind be executed minuted bages 1, 2 in pencil In Item 18. Give Pages 1, 2 Notice and a series of the form PM3. Page done during most of working life, even if retired) American Can Co. Maint**a**nance Smith Island. Maryland U.S.A. pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT 7500 Marston Road (Yes, no, or unkown) (If yes give we rordates of service) 158-09-7626! Mrs. Ruby E. Bradshaw, Baltimore 7, Maryland WWI 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c).] Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary Thrombosis 10 MINS IMMEDIATE CAUSE (e) certificate should be Examiner's Office DUE TO removal. Conditions, if only, which gave rise to immediate cause Ø DUE TO (a), stating the underlying pesn cremation, PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(4), 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word of the Chief Medical Expands Should be to Page 3 should be to the contract of 8 NO 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING TO 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) While at work at work the Fig. ease execute the carificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | A Inquiry and in my opinion ICAL Undetermined manner Suicide Homicide death resulted from: Natural causes | X Accident 1 CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Main Str. Examination . Md. 4-17-62 DEPUTY Martin E. Strobel. M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 228. BURIAL, CREMATION, 225. DATE THEREOF (State) REMOVAL (Specify) Maryland Loudon Park Cemeterv Baltimore, 40 6 0 4-20-62 Burial ADDRESS 24a. RECYD BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Loring Byers 5M 7/59 8728 Liberty Rd. Randalls town Md



NDING PHYSICIAN: The low Imquires that the death certificate be executed with n 24 hours after forth. Page 4

TO HOSPITAL OR

VR A1S (4) 1SM 9/59

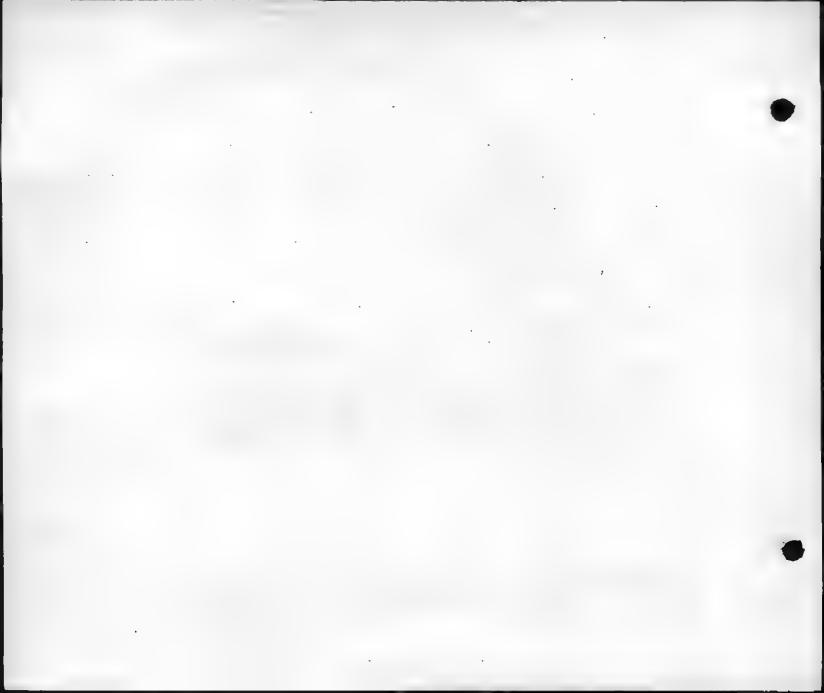
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04173

- 1-														
)		LACE OF DEATH COUNTY	Baltimore		MA	ARYLAND	2. USUAL RESID	ence (wharylar		l lived. If instit b. COUN		sidence befo altimo		ssion)
	Ь	CITY OR TOWN RURAL and give TOWSON	(If pulside corporate limit negrest town) L 4 3	s, write	c. LENGTH OF ST	onths		own (If o	, '	rote limits, write	RURAL	and give ne	arest low	vn}
	d	OR INSTITUTION	ITAL (If not in hospital, g 43 Burke				d STREET A	DDRESS Burke	Ave.				ON.	SIDENCE A FARM?
ŀ	3 N	LANE OF				11:								
	D	AME OF ECEASED (ype or print)	Anna	bel	Stein	Bra	andt	† 	4. DATE OF DEATH	N	lonth	4-1	ay 4⇒	Year 19 62
l	5 5	EX	6. COLOR OR RACE	7 MAR	RIED 🔲 NEVER MA	RRIED 🔲 B	DATE OF BIRTH	4		9. AGE (In year last birthdo)		IDER 1 YEA		
	1	female	white	WIDOW	red 🔼 DIVOR	CED 🔲	7-14-18	385			fs Man	ths Days	Hours	Min
Ī	10a.	USJAL OCCUPAT during mast of wa housew	ION (Give kind of work or irking life, even if retired) LIE	lone 10b.	. KIND OF BUSINES:	S OR INDUST	RY II BIRTHPL		or fareign co	ountry)	12	U.S.		COUNTRY
ľ	13 1	ATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1			?????	Stei	n		Elizat	eth	Herbi	g				
f			ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. INF	ORMANT		(ddress			
	{Yes,	no, er unknown) NO	(If yes, give wat or dates of se		none	Mrs	s. Clare	ence	Brow	n	a	bove		
	NO	Canditions, if gove rise to couse (o), stating lying couse last PART II O	immediate DUE TO		CONTRIBUTING TO	DEATH BUT N	OT RELATED FO	THETERMI	NAL DISEASI	E CONDITION (GIVEN IN	PART 1(o)	19. WAS	AUTOPSY ORMED?
	CERTIFICATION	20a. ACCIDENT W	/AS UNDERLYING []	20ь. DE	SCRIBE HOW INJURY	Y OCCURRED.	(Enter nature o	finjury in 1	Parl I or Port	II of item 18.)] ио []
		(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	-					7					
	MEDICAL	Hour o.m.	10	While	Nat while rk of wark		ory, street, office			or town)		(County	,	{Stote
			at (I) (this hespital	atten	1 12		ath accurred	19	7	7/14		1862 1		
		22a. SIGNATURE	11/11	f	mille		.D. PHYS		,	STAFF PHYS	and an	4/4	4//2	26 DATE S GNE
		22c. PHYS/C.AN'S NAME (Type)	1. M.	Si	12/1/2	M.D.	22d. ADDRE	505	1/1/20	- AL	Am.	ZJA	2 (12
ľ	23o	BURIAL, CREMATI REMOVAL (Specific BULLA)	ON, 236, DATE THEREO	F	23c. NAME OF C		crematory Lal Park	-		ION (City, tow			(Sto	ote)
1	24 1	UNERAL DIRECTO			ADDRESS	11CHIOL I	-ar rark	1	D BY REGIST	erton,		's SIGNAT	JRE	
Î			eral Servic	a Tra		4 Md			R 1 6 '6		- when	S. The	N.A	
L	1	CONS FUII	CTAT DETATO	اللباسوت	C., LOWBUII	T, Eld,		DAIL V	13 . 0					



MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where decreesed lived, If Institution, Residence before admission) a. COUNTY the and 2 sedeath. MARYLAND CITY OF TOWN outsida corporale I m Is, write RURAL c. LENGTH OF STAY IN 16 if dutsida corporete I mits. write RURAL and wire nearest lowed Pages 1 72 hours after pellij e, IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF Middle Yaar DECEASED OF (Typa or print) DEATH carbon 5 SEX JE UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE AQE (In years 7. MARRIED NEVER MARRIED and last birtbony) Hours Months WIDOWED T physician USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 106 KIND OF BUSINESS OR INDUSTRY during most of working life, ever if relited) please attending and EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMAN Then (Yes. no. A winkown) I (If yes give wer or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN signed by ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 10 NO USB 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) After this detached (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20s. PLACE OF INJURY [Homa, farm, 1 20f. (City or town) (County) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: / 3 should be det D.M 21. | certify that (I) (this hospital)/attended the deceased from..., and that death occured at 2 from the causes and on the date stated above. DATE 22e. SIGNATURE ATTENDING SJGNED DIRECTOR PHYS. PHYS death. Page 4 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filled CEMETERY-OR CREMATORY 23d. LOCATION (Statu) BURIAL, CREMATION. REMOVAL (Specify) 25b. REGISTRAR'S FUNBRAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/6■ DATE



1962, to April 3., 19.62 that N) (we) last 62, and that death occured at...A...M, from the causes and on the date stated above. 22b DATE PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S _NAME (Type) HOSPITAL, FORT HOWARD, MARYLAND SEBASTIAN RUSSO, M.D. 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMATION Baltimore 28, Maryland Baltimore National Cemetery 25m, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1000 Brantley Ave. without & Thouse DATE 1 3 '62 Elroy O. Wilson Beltimore 17, Md.

a. IS RESIDENCE ON A FARM?

YES NO IX

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

days

PERFORMED? T NO

(State)

1 12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Month

Months

Days

(County)

FUNERAL director, be filed death, 0

VR A15 (4)

15M 7 61



04151

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. Na 178

		Reg. Dist. No. 17
	1. PLACE OF DEATH 6. COUNTY OF CLIMOTE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before odmissipa) 0. 984TE Maruelase b. COUNTY Bullione 26.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b) RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town)
,	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d STREET ADDRESS o IS RESIDENCE ON A FARM?
	226 Main M	226 Man Street YES NO
	3. NAME OF DECEASED (Type or print) If well Middle	Bround OF DEATH Capil 20 - 1962
	5_SEX 8. COLOR OF PACE 7. MARRIED NEVER MARRIED SEX 18. COLOR OF PACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 2-14- 1882 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working lile, even if retired).	D. P. J. S.A.
1	13. FATHER'S NAME Relegi	14. MOTHER'S MAIDEN MAME Polius and
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18 (Yes, no. or unknown) (If yes, give wor or date of service)	NFORMANT Address Daughtes
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (PIE)	ONSET AND DEATH
	424./ DUE TO / //	
	Conditions, if any, which) (b) to 277 holes 1	neutrollal 2 ded,5
	gove rise to immediate couse (o), stoting the under-	lust have
r.	lying couse last. (c) (c) (7 5/ / / / / / / / / / / / / / / / / / /	11.art 142650 14415
	0 /1 /8UKPALC /06/2/1	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter hature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while at work of work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (State)
	21. I certify that I attended the deceased from.	
,	alive on 19 () and that death	occurred at 125,116, from the causes, and on the date stated above.
	ACTUAL SIGNATURE / / Critica / Fell / 1641	M.D. 1 1900 1 Hilled 1975 1 100 W. Med 14/2 4
	PHYSICIAN'S MOLITH JERMINIC (111)	"I I hirry Hill Kd Kersteisten h Mid
	PREMOVAL (SEPACION) 226. DATE THEREOF 220 NAME OF CEMETERY OF CEME	CHEMATORY 22d LOCATION (City, town, or equity) (State)
1	Former A NE well Hale and	Le hu DATE 240. REGISTRAR'S SIGNATURE

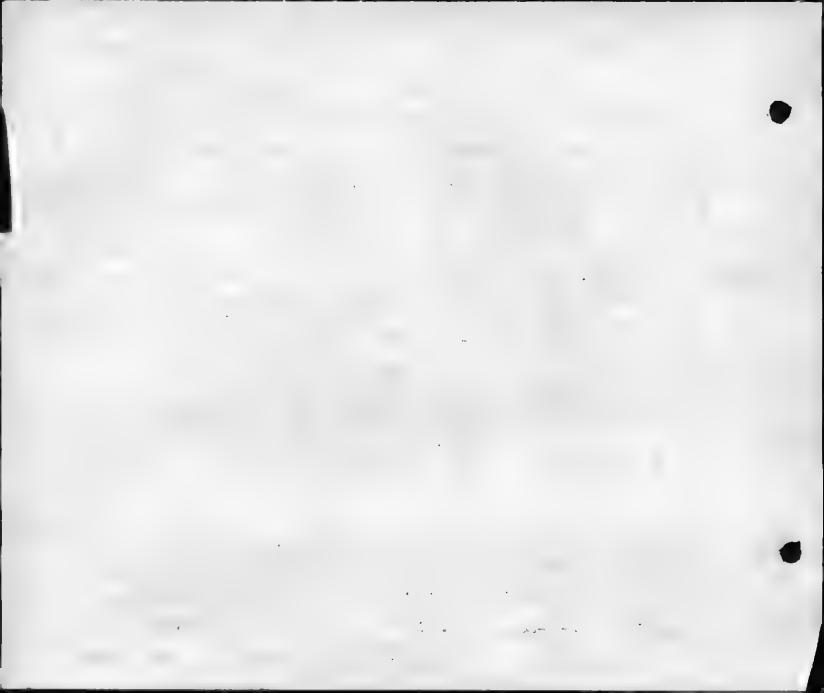


3.

MEDICAL CERTIFICATION

23

	M	ARYLAND STATE DEP	ARTMENT OF	EALTH	
	DIVISION OF STATISTICAL R		301 W. PRESTON S	TREET, BALTIMORE	1, MARYLAND
	04132	CERTIFICATE	OF DEATH		04179
	PLACE OF DEATH COUNTY Baltimore County OR TOWN (If outside corporele limits,	MARYLAND	e. STATE Mary	E (Where deceased lived, If instance b. COUNT) Land outside corpore's limits, write R	Howard /_
	write RURAL and give nearest town) Caton_ville d. NAME OF HOSPITAL OR INSTITUTION (IF	28yr7mth2dys		k, haryland	13 X 2
	SPRING GROVE STATE		none		YES NO
3.	NAME OF First DECEASED	Midd e	Last	4. DATE Month OF	Dey Year
	(Type or print) Regin		Brown	DEATH Ap	ril 15 19 62
5.		, MARRIED NEVER MARRIED X 8.	. DATE OF BIRTH	9. AGE (In years li last birthdey)	
	1 44 177 00	WIDOWED DIVORCED	July 14, 190		
	. JSUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	1 35 5	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ų.	farmer FATHER'S NAME		Mary land 14. Mother's Maiden N	AME	U. D
)	William H. Brown		Sadie	Lee Cook Snyd	er
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (() () () () () () () () () () () ()	ES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	no	unknown Rec	cords: 3.RIV	G GROVE STA"	_1
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:		0.13		ONSET AND DEATH
	IMMEDIATE CAUSE (+)	Right-sided heart	fallure		
	DUE TO	Pulmonary asthma			
	Gonditions, if any, while (b)	rumonary asuma			-
	(e), stating the underlying course last.	Diffuse purulent 1	br nchitis		
Z		ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATI					YES X NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of Intury in Pa	or tor Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour e.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While factors work at work	CE Of INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that OK (this hospital saw the deceased alive on	1) attended the deceased from ril 15 19 62, and that	death occured at	And to April 1	nd on the date stated above.
	220. SIGNATURE SAULA	Waller "		RECTOR PHYS.	22b. DATE SIGNED
		achsler M. D.	Ca	tonsville 26.	
23	REMOVAL (Specify)		OR CREMATORY	23d. LOCATION (Cify, town	or county) (State)
	Burial 4-18-62	Mt. View		Alpha, Md	
24	FUNERAL DIRECTOR'S SIGNATURE	600 ADDRESS	7	p 1 7 '62 a.	STRAR'S SIGNATURE
	- ladring mon	crewoy ciry	THE TOATE IN	at the last	Thank



MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Baltimore Marvland 12 t b. CITY OR TOWN (if outside corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) write RURAL end give neerest town) Rural-Towson Rural-Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 10 Gunpowder Rd. 34 10 Gunpowder Rd. 3. NAME OF Middle DECEASED DEATH April FREDERICK BURHOP (Type or print) and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 85 yrs. Male January Months physician 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & Steto, or fore on country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired exporter Tea and Coffee Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Unknown Unknow n 를 전 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | (Ifyesgivewer or detes of service) Frances Pottberg-Glen Arm Rd. 34, Md. physician. No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c,.) signed by Heart Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stenosis Conditions, Trony, which (e), steting the underlying Arteriosclerosis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Part I or Part I of Item 18.) After this 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m. 3 should be det at work et work 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on... ATTENDING **STAFF** D RECTOR PHY5 HOSPITAL death. Page 4 D FUNERAL I director, page 3 oe filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5801 Loch Raven Blvd., Balto. 12, Md. E. SHAW. M.D. 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prospect Hill Flemington, New Jersey 8 0 0 B /26/62 Burial

Wm Cook-Towson, Inc. York Rd. Towson, Md.

e. 15 RESIDENCE ON A FARM?

YES NO K

WAS AUTOPSY PERFORMED? NO

(Stete)

usa

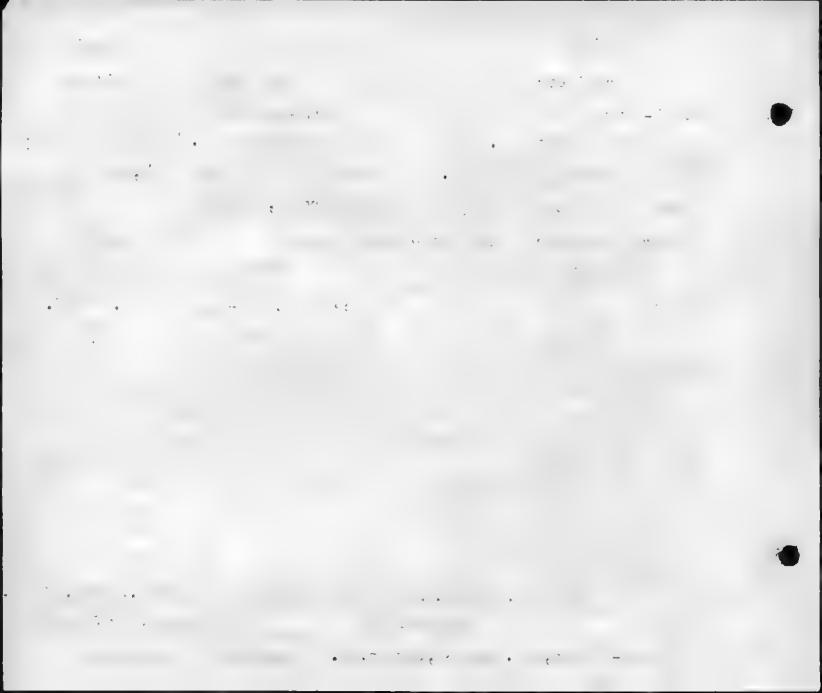
25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Cirthun & Kraug

DATE PR 2 6

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate he exacute within a the funeral death. Page 4 has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7 61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

<u> </u>							
1	1. PLACE OF DEATH a. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) a. STATE Maryland b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk					
5/	Picht I Mills						
	b. CITY OR TOWN (it outside corporate limits, write RURAL and give neerest fown) Dundalk						
5"	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS (e. IS RESIDENCE					
	2980 Cornwall Road	2980 Cornwall Road YES NO X					
	3. NAME OF First Middle	Lest 4. DATE Month Day Year					
	(Type or print) JOHN THOMAS BUSCH	or DEATH ADril 11, 19 62					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Dava Hours Min.					
	Male White WIDOWED N DIVORCED 1	Dec. 10, 1872 89 yrs.					
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1 11 B RYHPLACE (County & Stele, or fore an country) 12. CITIZEN OF WHAT COUNTRY?					
	Rigger	Maryland U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Busch	?					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III [Yes, no, or unknwn] (Hyesgivewerordatesofservice)						
	NO. Mrs.	James L. Stephenson 2980 Cornwall Road					
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH					
	IMMEDIATE CAUSE (a) Providero a entre Carcinomo						
	Conditions, if ony, which) (b)						
	geve rise to immediate cause						
	cause last, (c)						
<u>)</u>		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPSY PERFORMED?					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH II. OTHER FITHER, NOTIFY MEDICAL EXAMINER)	YES NO					
	20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH.						
		CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) ory, street, office bidg., atc.)					
	p.m. 19 of work all work	A					
	21. I certify that (I) (this hospital) attended the deceased from						
	saw the deceased alive on (14) 19. 6. and that death occurred at						
	220 SIGNATURE	ATTENDING MED. STAFF					
	22c. Paysithesserve f lever M.D. PHYS. DIRECTOR PHYS. L						
	NAME (TYPE FUCENS F. NEVI)	7001 MORNINGTON ROAU					
	230 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY [23d. LOCATION (City, town or county) (Stete)					
0	Burial Apr. 14, 1962 Loudon Park	Cemetery Baltimore, Md.					
12	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
1	Ullrich Funeral Home Dundalk, Md.	DATE APR 1 8 '62 Crithur & Kraus					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04186
CERTIFICATE OF DEATH

Ц	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, if institution, Re	sudence before admiss on]			
1	BALTIMORE *	MARYLAND	n. STATE MARYI	AND b. COUNTY				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
	FORT HOWARD, MARYLAND	FORT HOWARD, MARYLAND 50 days		ORE	. 1 (
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		3	e. IS RESIDENCE ON A FARM?			
	VETERANS ADMINISTRATION HOS	SPITAL	1947 W	. MULBERRY STREET	YES NO			
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer			
	(Type or print) THOMAS	H.	BYRD	DEATH APRIL	26 19 62			
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER 1)				
	MALE NEGRO , WIDOWI	D DIVORCED A	pril 18, 189	68 yrs. Months	lays Hours Min			
İ	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (Cour	nty & Stete, or foreign country) 12, CITIZ	ZEN OF WHAT COUNTRY?			
	Boiler Cleaner Smel	ting &Refining	Co Surrey	Co. Virginia U.	.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	-			
	Doctor Byrd		Mary J. M	Morgan				
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((Ifyesgivewerordatesofservice)	SOCIAL SECURITY NO. 17, 1	NFORMANT Clini	cal Records V. A. I	Hospital			
1	Yes WW I	212 10 1454 Fo	rt Howard, M	Maryland				
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
	PART I. DEATH WAS CAUSED BY, MYOCARDIAL INFARCTION							
	DUE TO							
	Conditions, if eny, which ARTERIOSCIEROTIC HEART DISEASE UNKNOWN							
	gave rise to immediata cause [a], stating the underlying DUE TO							
	cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY PERFORMED? ADENOMA THYROTD. BENIGN PROSTATIC HYPERTROPHY. PULMONARY EMPHYSEMA. 20e. ACCIDING A UNDERLY NOTE: 20e. ACCIDING AS UNDERLY NOTE							
-	ADENOMA THYROID. BENIGN PROSTATIC HYPERTROPHY. PULMONARY EMPHYSEMA.							
	TICTOTIAL TOURS TO ESCAPE HOW INJOH CCCURED, (Enter neture of injury in Pert I or Pert it of Item 18) OR CONTRIBUTING TI CAUSE OF DEATH OR CONTRIBUTING TI CAUSE OF DEATH							
	20c. TIME OF INJURY Month, Dey, Year 20d. iNJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Hour e.m. While Not While is work at work.							
	21. I certify that (this hospital) attended the deceased from MATCH 1902, to APTI 20, 1902, that (we) last							
	saw the deceased alive on April 26							
	226. SIGNATURE ATTENDING MED. STAFF X 14/26/62 22b. DATE SIGNED, DIRECTOR							
	Morney Crelian M.D. PHYS. DIRECTOR PHYS 4/20/02							
,	22c. PHYSICIAN'S NAME (Type) THOMAS F. CRAHAN, M. D. VAH. FT. HOWARD, MARYLAND							
	1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							
	230 BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY	-1-1	23d. LOCATION (City, town or county	(Stete)			
	10mm 17-31 62	Lactioner	V7161	CID BY RECIETABLE DECISEDANCE	ICNATURE			
	24 FUNERAL DIRECTOR'S SIGNATURE	1000 - T	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
	Chay C. Wilser.	sabully a	DATE	MAY 1 62 Circhur	I. Thatte			

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 inc. be retained by the hospital or attending physician.

Example 24 hours after this certificate has been signed by the attending physician and completely filled in ey the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in eye went, within 72 hours after death.



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY e. STATE **b.** COUNTY timore md MARYLAND b, CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ELENGTH OF STAY IN 16 write RURAL end give nearest town? OCICEUSVX hours after Pages filled. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) . IS RESIDENCE ON A FARM? YES NO IV completely 3. NAME OF DATE Year DECEASED OF Marie (Typa or print) DEATH 19 and cor 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In Vents IF UNDER 1 YEAR ! IF UNDER 24 HRS. P lest birthdey) Months WIDOWED Certifica 100, USUAL OCCUPATION (Give kind of work physician Гетоме 10b. KIND OF BUS NESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any useTT5 13. FATHER'S NAME please death aftending and EL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) ! (If yes give we ror deles of service) Jan. permit. 1B. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Mas DUE TO CARO INCOMATOSIS Conditions, if any, which (b) gava rise to Immedieta causa DUE TO (a), slating the underlying has burial, cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY certificate S 0 PERFORMED? NO ST 20. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18) OR CONTRIBUTING | CAUSE OF DEATH After this detected for (IF EITHER, NOTIFY MEDICAL EXAMINER) Š 20e, PLACE OF INJURY (Home, ferm, 20e. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work DIRECTOM

3 should be det p.m. frended the deceased from... 2-19....., that (1) (we) last certify that Ahis hospital) saw the deceased alive on that death occured at from the causes and on the date stated above. 22b DATE TENDING PHYS. Seath. Page 4 rector, page : 22d. ADDRESS 22c. PHYS CT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county) BURIAL, CREMATION, 1 236. REMOVAL (Specify) VAlley ខ្មុំខ្លួ 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04188 CERTIFICATE OF DEATH Reg. Dist. No. () 41 1 9 5 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY p. STATE b. COUNTY MARYLAND Raltimore Marvland Baltimore b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Grava d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREFT ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? River Road River Road YES NO T NAME OF 4. DATE First Middle Lost Month Day Year DECEASED DEATH (Type or print) GEORGE CAVEY G. 19 62 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Months Doys Hours Male WIDOWED White DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Gas and Electric Ellicott City. Ma 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles A. Cavey Wary A. King IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No 212-05-5689 M. Cavey River Road Grave 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f (City or fown) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Stale) (County) factory, street, affice bldg, etc.) Hour o. m. Not while of work at work Man . 1262 that I last saw the deceased 21. I certify that I attended the deceased from... and that Beath accurred at 4.75.42 M, from the causes and an the date stated above olive on. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE Prior the registror PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Ellicott City. Md Rurial 1-27-52 Johns 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE APR 2 6 '62 .C. Higinbothom, Ellicott City, Md arthur & Henry

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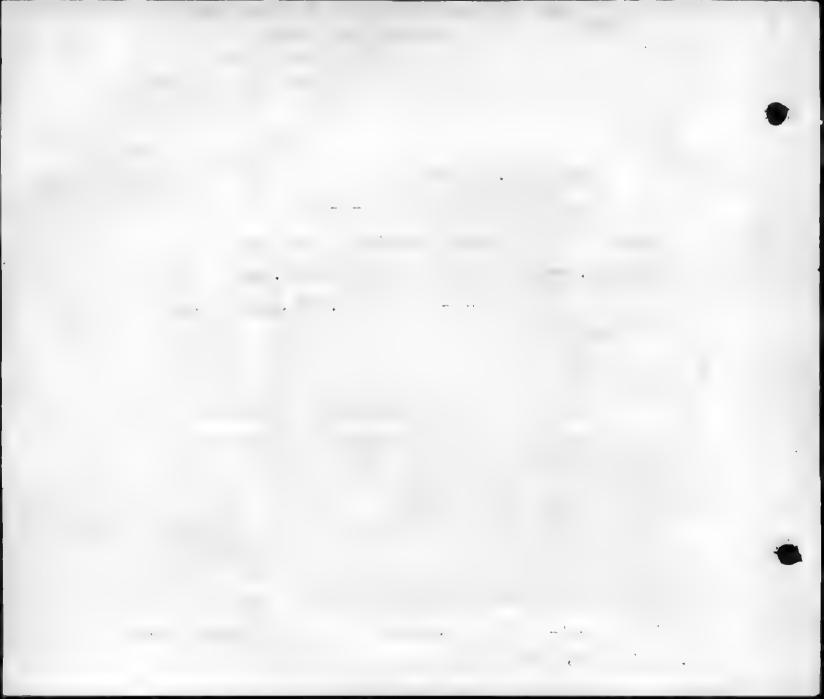
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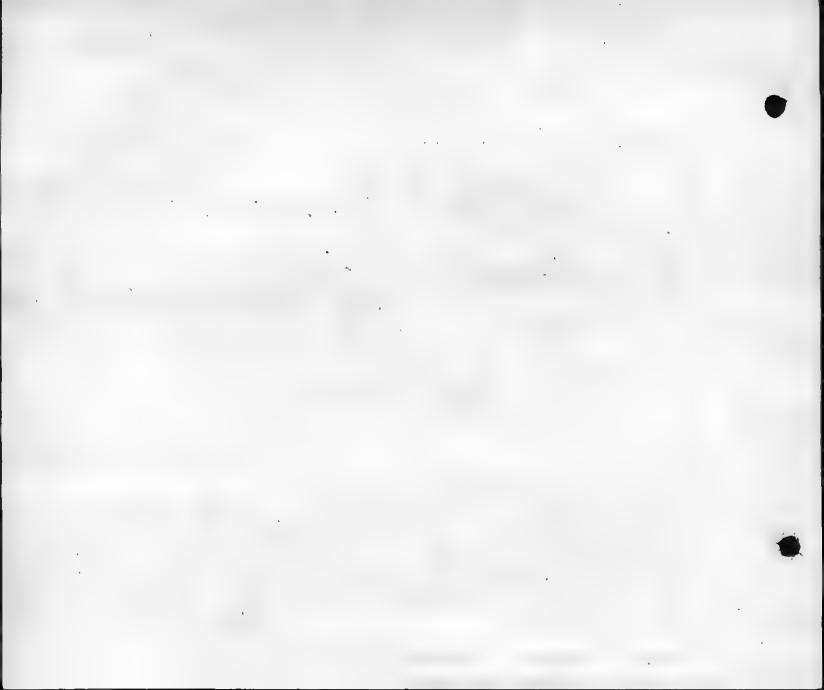


			MARYLAND STATE DEPARTMENT OF HEALTH
1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
k 70 70 /		_	CERTIFICATE OF DEATH Stems 11 & 14 phone call Wilson F.H. 04186
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the fur and 2 short research.	TIV		BALTO. MARYLAND MANY/AND BAHTHING
and			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
as 1	46		NEISTERSTOWN MOUTH BAITIMONE 31/11-9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sleet address) d. STREET ADDRESS 1 e. IS RESIDENCE
vithi Fillec Page rrs a			ON A FARM?
d v		3.	NAME OF First Home Middle Last 4. DATE Month Doy Year
pcute pplet			OF Alfred Chappinan OF April 9 1962
com con ithin		5.	SEX 6. COLOR OR RACE 7 MARDIED NEVER MARDIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and		/	MALE Colored WIDOWED DIVORCED Sept. 22, 1885 77 yrs. Months Deys Hours Min.
rafe ian ive c		10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY H. BIRTHPLACE (County & State, or long an country) 12. CITIZEN OF WHAT COUNTRY to during most of working life, even if retired)
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ith co in a se r	_	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding bear	(T)		MASTAN CHAPPMAN UNKNOWN
the atten hen ral, a	(-)		WAS DECEASED EVER IN U.S. ARMED FEMICES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unkown) [(figes give wer or dates of service)
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equi phys ined ined srt p			PART I. DEATH WAS CAUSED BY: IMMEDIA : CAUSE (a) CEREBRAL THROM BUSIS HR
ng p ng p sig trans			Conditions, it ory, (b) ARTERIOSCIEROTIC C. V. DISEASE YEARS
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al or safe so the	1	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
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ENT fain OR: e de		Σ	21. 1 certify that (I) (this hospital) attended the deceased from 31.17
E Per			saw the deceased alive on
IRE Stat			22e. SIGNATURIA
H4-1 #			Martin & Street M.D. ATTENDING MED. STAFF PHYS. W 4/9/62
TA BAN			22c. PHYSICIAN'S NAME (Type) A ANDRESS ANDRESS
OSPI N. Pa UNE Hor, F	- 1	_	MARIANE: STRODEL TEISTONN III)
HC eath FC irect		23	REMOVAL (Specify) All 14/62 All 13-2 C RM. 23d LOCATION (City, town or county) (Stete)
2000			FUNERAL DIRECTOR'S, SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased hived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete lamits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) SSe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH AGE (IN Years IT LNDER 1 YEAR lest birthday) Manthal David DATE OF BIRTH IF UNDER 24 HRS physician USUAL OCCUPATION (Give kind of work II. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done dunpg most of working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME aftending 16. SOCIAL SECURITY NO. INFORMANT (Yes. no, or unkown) | (If yes give war or deles of service) 18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (e), stating the underlying URID - Scloposis PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 102: 19. WAS AUTOPSY PERFORMED? NO P 200 ACCIDENT WAS UNDERLYING | 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert 1 or Pert 1 of them 18.) OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.) While Hour e.m. Not While et work DIRECTOR: 3 should be de et work 196: 10 april 6 21. | certify that (1) (this hospital) attended the deceased from....... ., 194 that (I) (we) last saw the deceased alive on. 22e. SIGNATOR 22b. DATE ATTENDING TO HOSPITAL death. Page 4 TO FUNERAL 1 director, page 3 be filed with the PHYS. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 236. BURIAL, CREMATION REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04191 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH o. COUNTY b. COUNTY Laur MARYLAND D b. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest tawn) (If autside, corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 uthervill e There y e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS the ON A FARM? OR INSTITUTION YES NO TH 25 and 4. DATE NAME OF Day Yeor filled ges 1 c DECEASED OF DEATH death. 196 Pages (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE MARRIED A NEVER MARRIED 8. DATE OF BIRTH iday) last b Manths Days Hours DIVORCED | WIDOWED | YES. comple 11. BIRTHPLACE (Slote or foreign country 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even /(retired) puo Houseur 23 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 6 physici 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Dame, attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: á Conditions, if ony, which signed gave rise to immediate DUE TO couse (a), stoting the underlying couse last. burial-transit attending physician b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? crematian, YES NO P 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Day, Year factory, street, office bldg., etc.) ö Hour a.m. While Nat while at work at wark p m. 21. I certify that (I) (this haspital) attended the deceased fram. that (1) (we) last detached 190 and that death accurred at ZZZWM, fram the causes and an the date stated above. saw the deceased alive are FUNERAL DIRECTOR: age 3 shauld be detacl 22b DATE 22a SIGNATURE SIGNED M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) page 3 sh the State | 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION. (State) REMOVAL (Specify) 0 250. REC'D BY REG STRAR 24. FUNERAL DIRECTOR 0 VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04192 funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institut on Residence before admission) a. COUNTY a. STATE **6. COUNTY** BALTIMORE **MARYLAND** and 2 death. MARYLAND b. CITY OR TOWN (if outs de corporate limits. c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pages 1 arrs after o Days FORT HOWARD BALTIMORE 17 filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Administration Hospital YES NO Veterans 2000 BOLTON ST letely 3. NAME OF 4. DATE Last Month Yee DECEASED OF (Type or print) DEATH COLE carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years I IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) | Months and Hours Days MALE WIDOWED [DIVORCED [7] September physician уетоме у 10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. Baltimore, Maryland Janitor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 attending Elizabeth John Cole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT Address oval, (Yes, no, or unkown) | (If yes give we ror detes of service) CLINICAL RECORDS WW 1 219-01-1341 the VAH. Fort Howard, Maryland 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2h Hours BRONCHOPNEUMONIA signed IMMEDIATE CAUSE (e) burial-transit DUE TO CARCINOMA OF STOMACH 18 Months has been (b) geve rise to immediate cause DUE TO (a), stelling the underlying cause last. the PART H. OTHER SIGNIF CANT COND, TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY After this certificate CERTIFICATION hospital S PERFORMED? YES T NO [957 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ached (County) (State) 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED I DIRECTOR: After factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that 1 (this hospital) attended the deceased from 25. April 1962, to...27. April..., 19.62 that (We) last 19.62, and that death occurred at _______ from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED death. Page 4
O FUNERAL PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) director, p 238. BURIAL, CREMATION, | 235. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) REMOVAL (Specify) Baltimore National Cemetery Baltimore 28, Maryland Burial 1000 ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Browlle. Corthur S-Kenzal

requires that the death certificate



LAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission a. COUNT of Health, b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) LUTHERVILLE P d STREET ADDRESS d. NAME OF HOSPITAL OR NSTITUTION (if not in hospita, give street address) 1 3 to the funeral of ye be retained for with the State Too SHETLAND HILLS 3. NAME OF 4. DATE Month DECEASED (Type or print) COLTON DEATH CA THERINE With 6. COLOR OR RACE 5. SEX 9. AGE (In years | FUNDER 1 YEAR 7. MARRIED T NEVER MARRIED T may 2 rage 5 m s 1 and 2 w 72 hours & last birthday) Months WIDOWED TO DIVORCED 10a. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? d be executed within 24 hours affi pencil in Item 18. Give Pages 1, 2 ice along with form PM3, Page done during most of working life, even if refired) Housewife Own Home Mass. pages 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Cosephine DOOLAN <u>용</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) , (Ifyesgive war or dates of service) MRS-MARI MACIACIUS DAZGETER, 113 SHETLAND HILLS DA Office along with for burial-transit permit, movel, and in any or No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause (0 "pending" **DUE TO** (e), stating the underlying Examiner pesa cremation, PART II OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'a). 18, WAS AUTOPSY CERTIFICATION 2 ease execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of (tem 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection Inquiry 147 designated agent, Natural causes Accident . Suicide Homicide | death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER Masnatusbrus ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S WILLIAM A. PILLS BUR Address (Straet, city, town, or county fo. 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b, DATE THEREOF T 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Removal/Burial April 9, 1962 Murphy Fumeral Home Athol, Mass. 40 ò 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

John Burns! Sons, Towson, Maryland

VS. AISME

5M 7/59

e. IS RESIDENCE

196

IF UNDER 24 HRS.

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO I

(State)

DATE SIGNED

(Stata)

Days

(County)

alding & Kroue

APH 1 1 '62

USA

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH



15M, 7/61

, ,	MARYLAND :	STATE DEPA	RTMENT OF	HEALTH ,	
DIVISION OF STATISTICA	L RESEARCH AN	D RECORDS, 30	N W. PRESTON	STREET, BALTIN	ORE 1, MARYLAN
04195	CER	TIFICATE (OF DEATH		04192

RYLAND

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased hved, if Institution: Residence before admission)							
Baltimore MARYLAND	b. STATE Maryland b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)							
write RURAL and give nearest town)	2 . 1 4							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree) eddress	Baltimore d. STREET ADDRESS o. IS RESIDENCE							
g. NAME OF MOSPITAL OR INSTITUTION (it not in notpital, give street eddress)	ON A FARM?							
Veterans Administration Hospital	1633 McCulloh Street							
3. NAME OF Fusi Middle DECEASED	Last 4 DATE Month Dey Yeer OF							
(Type or print) JOHN I	COOK DEATH April 16 19 62							
	DATE OF BIRTH 9. AGE (fo years IF UNDER 1 YEAR IF UNDER 24 HRS.							
The state of the s	last birthday) Months Deys Hours Min.							
Male Colored WINDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR								
done during most of working life, even if retired)								
Messenger Vecual Security	Allegheny County Virginia U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Cook	Rlanche Hill							
Tohn Gook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Hyposgivewarordalas of sarvice)	INFORMANT Address							
(tray in) or annually (in) tray in a constructive of	in Rec VAH Fort Howard Maryland							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	1 INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA	ONSET AND DEATH							
MMEDIATE CAUSE (a) DIVONOR IN THE CAUSE (a)								
DUE TO								
Gondillons, if hely, which (b) (b) gave rise to immediate cause								
(a), stating the underlying DUE TO								
causo last. (c)								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?								
Metastatic Squamous Cell Carcinoma, Right Lung								
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING 206 CAUSE OF DEATH								
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLA While Not While all work all work all work all work all work all work								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stele)								
Hour a.m. While Not While at work at work								
21. I certify that (this hospital) attended the deceased from Feb. 20 1962, to April 16, 19.62 that (i) (we) last								
saw the deceased alive on April 16								
22e. SIGNATURE	ATTENDING MED. STAFF . SIGNED							
M Mema M	LD. PHYS. DIRECTOR PHYS. XQ 4/17/6							
22c. PHYSICIAN'S NAME (Type) TRITTING PROPERTY NO. (Phiof Modine) Service FAH Et House'd Md								
IRVING FREEMAN, MD , Chief, Me	dical Service FAH Ft Howard, Md							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)							
Burial 4/20 /62 Baltimore Nat	ional Baltimore Maryland							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	St Relt-part APR 1 8 '62							
William I. Chatman Jr. 1701 McCulloh	St Baltoodd Mrs 8 62							



al director, be filed with ath. Page 4

shau

DING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after

04195

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

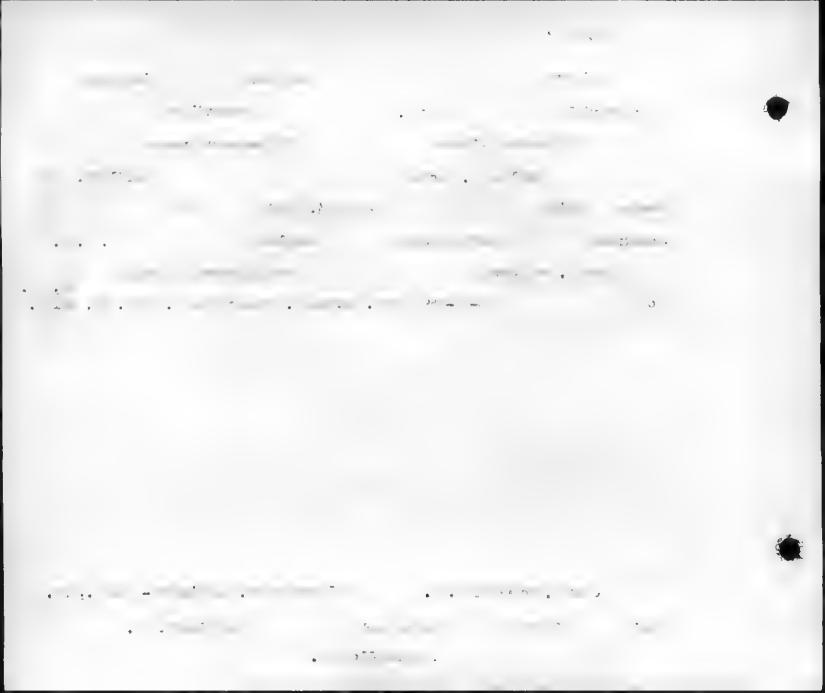
CERTIFICATE OF DEATH

04193

				UXXUU			
1. PLACE OF DEATH O. COUNTY Beltimore	MARYLAND	2 USUAL RESIDENCE (Who a. STATE	_ b. COUNTY	ion Residence before admission) Beltimore	1		
	ENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate fimits, write l	tURAL and give nearest town)			
RURAL and give nearest tawn)		1	0.4				
Catonsville	54 Jrs.	,	Catonsville				
 NAME OF HOSPITAL (If not in haspital, give street addressed on INSTITUTION 	253]	d. STREET ADDRESS		e. IS RESIDE ON A FA			
232 Beaumont Av	10111100	232	Barrana Ameri	Name College			
	ATT000	~ 7%	Beaumont Aven				
3. NAME OF First DECEASED	Middle	Last	4. DATE Mai	nth Day Yea	r		
	. Geoke		DEATH	April 30, 196	62		
21-24-6		8. DATE OF BIRTH	9 AGE (In years				
S SEX B COLOR OR RACE / MARRIED L	NEVER MARRIED	6. DAJE OF BIKIN	lost birthday)	the state of the s	Min.		
Female White WIDOWED I	DIVORCED 🗌	July 14, 1879	82 yes	20/5			
10a USUAL OCCUPATION (Give kind of work dane 10b. KIND	OF RUSINESS OR INDUS			12. CITIZEN OF WHAT COU	NTRY?		
during most of working life, even if retired)							
Seemstress Self	employed	Maryla	nd	U. S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Take 9 16 C		35	707 4	79			
John R. Mc Comas			Elizabeth MG				
	AL SECURITY NO 17 1P	FORMANT	Ade	lress 18.	Md.		
(Yes, no. or (inknows) (If yes, give wor or dates of service)	073502 Mrs	Rowtho M E	raser 1114 E.	30th, St. Balt	to		
		o Der oler Li' L	18361 TTTA D		-		
18 CAUSE OF DEATH [Enter only one cause per line for		/		INTERVAL BETW	EEN		
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	EDRAL /	HEMORR HAG	E	ONSET AND DE	025		
IMMEDIATE CAUSE (o)		1 - 1 1 1 1 1 1		10 // 0	0110		
743 X DUE TO //-							
Conditions, if any, which) AMPERTENSIVE CV DISEASE 2 TRS							
gave rise to immediate			•				
cause (a), stating the under-							
lying couse last (c)			_				
PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUT	TOPSY		
9				PERFORM	NED?		
5				YES N	10 [2		
PART II OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Haur or m., 19 While of work	HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II of item 18)				
W LUE FITHER, NOTIFY MEDICAL EXAMINER							
=							
20c. TIME OF INJURY Manth, Day, Year 20d. INJUR	t-	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.		(County)	(State)		
Haur a m. While at work	LAGI MUHE	ciory, sineer, delice blog., etc	1				
			1 000				
21. I certify that (I) (this hospital) attended	the deceased fram	JAN 4- 19	61 to APR. 30	, 19 <u>6</u> 2, that (I) (we) last		
saw the deceased alive an APR. 29	1062 - 111-1	1th + 3 P	ha formatha amina				
	- 17 , and that c	seam accurred area.	M, from the causes a	nd an the date stated a	Duve.		
220 SIGNATURE	. / .			22b. D	IGNED.		
John T. & Plea	2/2/2/	M.D. PHYS IN DI	ED. STAFF RECTOR PHYS	2. MAY 3	194-		
22c PHYSICIAN'S	1	22d. ADDRESS		-			
MAMS (Type)	6 2						
John F. Schaefer	M. D.	401 Random	na. Baltimor	e - Balto., Mi	•		
23a BUR AL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town,	or county) (State)			
REMOVAL (Specify)		_					
Burial 5/3/1962	Loudon Pa	rk	Baltimore	, Md.			
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE			
Easton Kunetal Hom	Catonaul	110 WA H	AY 4 '62 C	7 =1 2 1=			
CANONINIVETE HOME	OR COTTRA 17	DATE THE	- V V (Irthur S. Kinea			

may be retained haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board at Health prior to burial, crematian, ar removal, and in any event, within 72 hauf after death TO HOSPITAL OR VR ATS (4) 15M 9/59





ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I'vad, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY N 16 outside corporate limits, write RURAL and give nearest town) (if outside corporate I mits, write RURAL and give rearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address, . IS RESIDENCE ON A FARM? YES NO DE 3. NAME OF DATE Month Day Yaer DECEASED OF DEATH (Typa or print) 19 AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED D 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (G've kind of work ornare an chuntry) dong during most of working life, even if ratired) attending please and in [Yas, no for Enkown) | (If yas give war or dates of sarvice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gava risa to immediate causa DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 20a. ACCIDENT WAS UNDERLYING _____ 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING ____ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stata) Month, Day, Year 20c. TIME OF INJURY factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work Ph. 22 , 196 that (1) (10) last saw the deceased alive on... T ... DATE 22a. SIGNATURE **ATTENDING** DIRECTOR PHYS. PHYS. eth. Page 4 22d. ADDRES 22c. PHYS CIAN'S NAME (Typa) 238 BURIAL, CREMATION, | 236 REMOVAL (Spacily) - B 0 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Krouse DATE AP 15M 9/60



04199

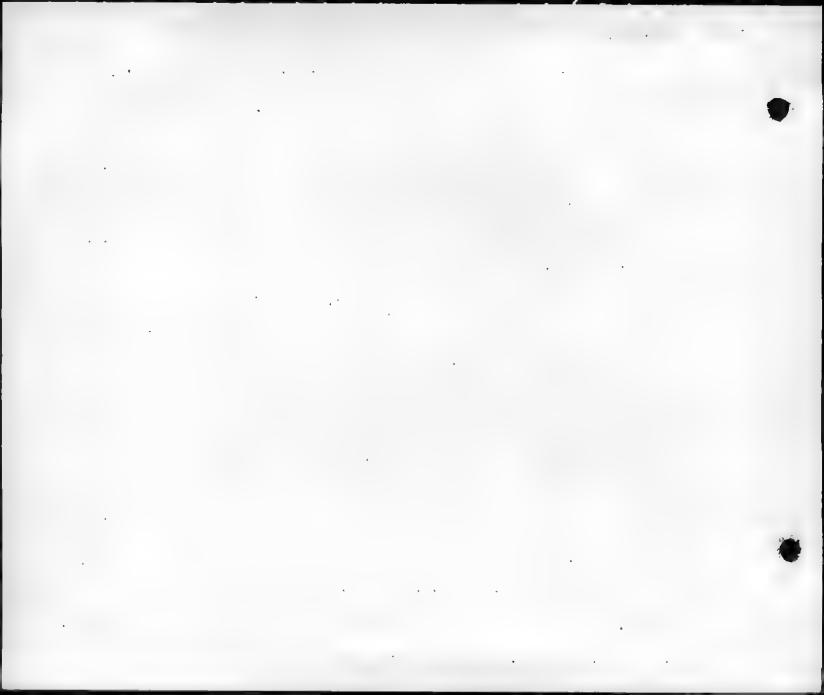
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04196

1. PLACE OF DEATH 0. COUNTY Baltimore MARYLAND	o. STATEMaryland b COUNTY Baltimore						
b CITY OR TOWN (If outside corporate limits, write RURAL and give pagest pwn/k 22	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 22						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION East Ship Road	d. STREET ADDRESS 1 East Ship Road e. IS RESIDENCE ON A FARM? YES □ NO ☑						
3 NAME OF First Middle DECEASED (Type or print) Mary Eason	COX DATE Month Day Year April 8 1962						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH May 22, 1893 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Maniths Days Hours Min Min						
100 USUAL OCCUPATION (Give kind of work done during most of working its, even if retired) Housewife	USTRY 11. BIRTHPLACE (State or foreign country) North Carolina U.S.A.						
William W. Eason	14. MOTHER'S MAIDEN NAME Eliza Stephens						
Dies to the debound . If we are not so date of source	ouis T. Cox, 1 EastShip Road, Dundalk 22, Md						
18. CAUSE OF DEATH [Enter only one couse per fine for (q), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIFE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P While of work and work of work	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) 4						
230 BURIAL, CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OF CEM							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm.Cook, Inc., 1217 St.Paul Street, Balt	imore 2 DATE PR 1 1 '52 256 REGISTRAR'S S GNATURE						

VR A1S (4) 1SM 9/59



RYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Resi a. COUNTY land 29 MARYLAND b. CITY OR TOWN (if outside corporata limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) aff ackacy crille d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO completely NAME OF DECEASED OF 19 61 DEATH (Typa or print) AGE (In yours | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pue last birthday) Months Hours DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) done during most of working life, even if retired? House wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pie affending pue Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (If yas give war or dates of service) by the 18. CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 1 day IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which gave rise to Immadiata causa DUE TO (a), stating the underlying has causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO F 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part f or Part II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work D. m DIRECTOR: ٥ 1963, and that death occured a 30M, from the causes and on the date stated above PINE saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED death. Page 4 DIRECTOR abuch PHYS. PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) ង្គីម៉ូន្ន Mt. Olivet Cemetery Baltimore, Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1217 St. Paul Street women de Thomas 15M 9/60 William Cook, Inc. DATEPR 2

The law requires that the death certificate

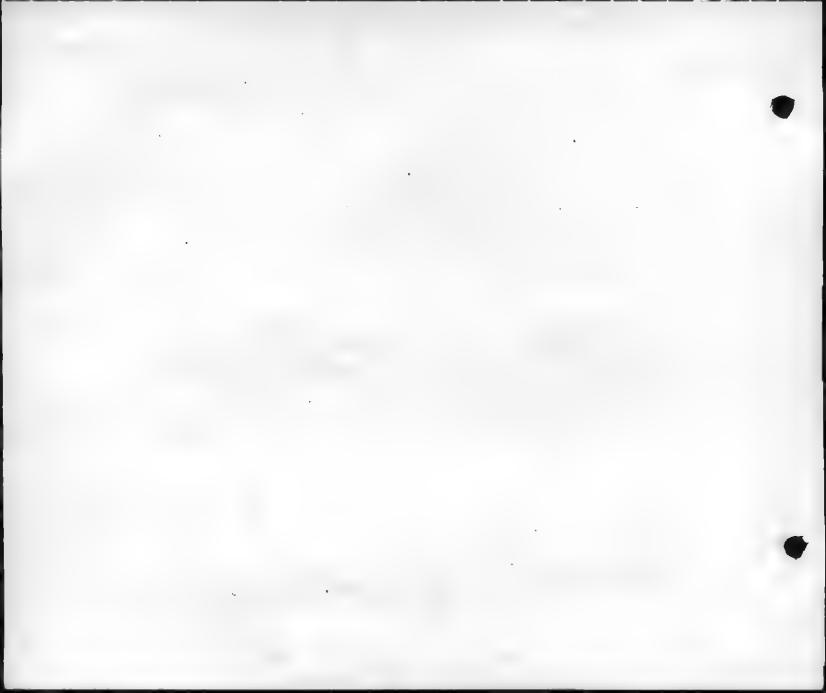


YLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY BaltimoreMARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hours 35 Min. Baltimore Fort Howard d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 1437 Mulliken Court YES NO DOX Veterans Administration Hospital NAME OF DECEASED OF 19 62 LL Cronwell (Type or print) DEATH Apri James 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years , IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthday) Months event, Male July 5, Negro WIDOWED -DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired? U.S.A. Baltimore, Maryland Paper Box Factory Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lula Moore James Cromvell
WAS DECEASED EVER IN U.S. ARMED FORCES? Clinical Records Veterans Adm. | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) (If yes give wer or detes of service) Hospital, Fort Howard, Maryland 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN 2 DAYS PART I. DEATH WAS CAUSED BY: HEMORRHAGIC PANCREATITIS IMMEDIATE CAUSE (e) DUE TO UNKNOWN CTRRHOSIS OF LIVER DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 119. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO RIGHT LOWER LOBE PNEUMONIA 200 ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (Slete) 20c. TIME OF INJURY Month, Day, Year 1 20d INJURY OCCURRED tactory, street, office bldg., etc.) While Not While Hour a.m. el work et work 21. I certify that (1) (this hospital) attended the deceased from . April 5.,...., 19.62 to that (I) (we) last19.62..., and that death occured a2:200,246m the causes and on the date stated above saw the deceased alive an 228 S.GNATURE S.GNED ATTENDING director, page 3 be filed with the DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S NAME (Type) VAH. FORT HOWARD. MARYLAND SEBASTIAN RUSSO, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) 0 Baltimore 28, Maryland Baltimore National Burial 25m, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 _Joseph Locks, 1304 N. Central Ave. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH	
1 PLACE OF DEATH o. COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY	t.
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	
CATONSUILLE BALTIMORE 3VII'4	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FAF	SW3
RIDGEWAY MANOR 803 WILDWOOD PRWY, YES IN	> 🗆
3. NAME OF DECEASED [Type or print] LYDIA BURTON CROSS 4. DATE OF DEATH Month Day Year OF DEATH APRIL 21 196	62
S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2 lost birthdoy) Months Doys Hours	4 HRS Min.
FEMALE WHITE WIDOWED DIVORCED JULY 21, 1813 86 YIL	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSE WIFE 12 CITIZEN OF WHAT COUNTRY LONG HOME CECIL CO., MARYLAND UISIA,	NTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ORLANDO DURTON MARY ELLEN MUMFORD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service)	
IVO MALCOLM J. COAN DAME	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWI	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Causes - 9 expendiony facilies Due to	
gove rise to immediate (b) Called I (d) Called (b)	
lying couse lost Our To Color C	
PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTHERFORMED. YES IN N. YES IN	OPSY D? O [4]
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Fifter noture of injury in Port or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. 19 While of work of work of work 19 to work	(Stote)
21 I certify that (1) (this haspital) attended the deceased from July 19/160 1/64 1962 that (1) (we) saw the deceased glive an 1/0/64 19 62 and that death accurred at M, from the causes and an the date stated at	
22b SIGNATURE 22b. D/	
22 MASICTAN'S NAME (Type) WILLIAM J. BY 1/50M. HOS Edmindon are	
230 BJRIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry, town, or county) (Stote) BURIAL 4-25-62 ODD FELLOWS LAUREL, DELAWARE	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
JOHN O. MITCHELL & JONS, INC. 1900 EUTAW KACE DATE 29 25 62 arthur 2. Huma	

TO HOSPITAL OR VR A15 (4) 15M 9/59



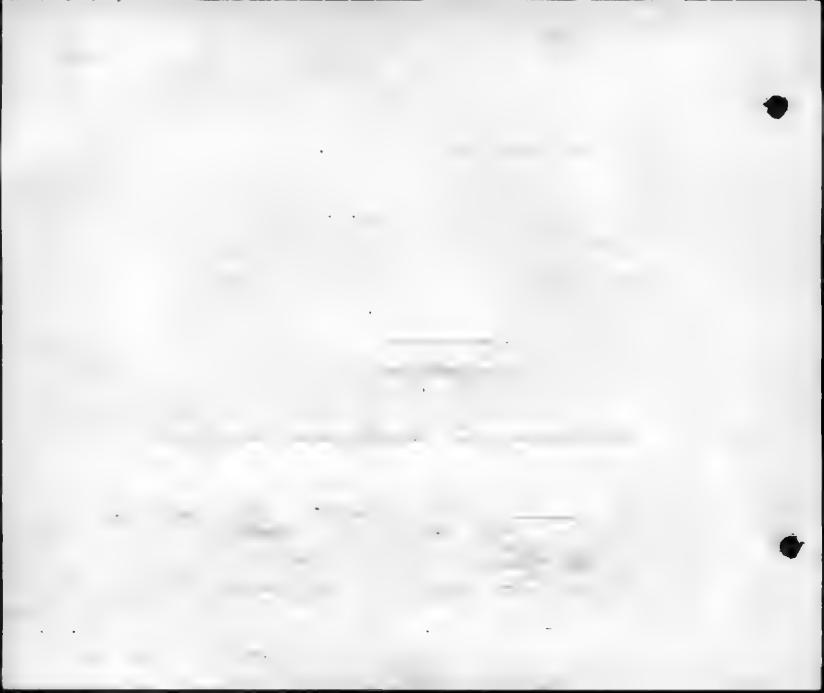
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) d for your files. Board of Health a. COUNTY Baltimore Raltimore Maryland MARYLAND b. C.TY OR TOWN (if outside corporata .imits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town! write RURAL and give nearest town) dire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat as Irass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? a retained the State B 8623 Chestnut Oak Avenue, Balto.34 8623 Chestnut Oak Avenue YES NO 3. NAME OF DATE DECEASED OF (Type or print) DEATH ETNIA Clark CROW 1962 2 with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR rast birthdey) Months | Days and Hours 56 Female White WIDOWED TY DIVORCED [Page 5 is 1 and 2 ho 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Item 18, Give Pages 1, with form PM3. Pag 1 permit. Elle pages 1 an any/event, within 7. Retired Homemaker Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Butt Illizabeth Hammel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or detes of service) I in Item 18 Mr. William R. Burns-5713 Gwynn Oak Avenue #7 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c),] ing" in pencil in Ite a"s Office along v is a burial-transil p removal, and in a ONSET AND DEATH immediate cause (e) Arteriosclerotic cardiovascular disease **DUE TO** Conditions, if eny, which? geve rise to immediate cause DUE TO (a), steting the underlying certificate, writing the word "pendin srded to the Chief Medical Examiner" RECTOR: Page 3 should be used as igent, prior to burial, cremation, or r cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES TE NO TO Cirrhosis of liver 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) fectory, street, office bldg., atc.) Whila Not While Hour a.m. et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion execute the certification of the forwarded Suicide death resulted from. Natural causes 🛣 Accident Homicide Undetermined manner DIRE the CHIEF MEDICAL EXAMINER slease execute the t should be forwer brings. FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S RUSSELL S. FISHER. M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 9 Ral timore, Maryland
24a, REC'D BY REGISTRARY 24b, REGISTRAR'S SIGNATURE Loudon 23. FUNERAL DIRECTOR A15ME arthur & thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH ARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH COUNTY **b.** COUNTY Baltimore Marvland 25 MARYLAND ğ b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Raltimore Baltimore hours after Pages filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? Armacost Nursing Home-812 Regester Ave. YES NO Kenoak Road completely 3. NAME OF 4. DATE Month Middle Year DECEASED OF DEATH (Type or print) Dalsemer Edna AGE [In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) and Months Devs DIVORCED X Aug. 1. Pemale WIDOWED YCS. physician . 10s. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dans during most of working life, even if retired) Retired Housewilfe Philadelphia. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please S guip and Matilda Greenwald Henry Dalsemer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT atten Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mr. Gordon H. Dalsemer-2301 Kenoak INTERVAL BET LEN 18. CAUSE OF DEATH [Entar only one cause per line for [a], (b], and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause **DUE TO** (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART II.) 19. WAS AUTOPSY certificate PERFORMED? 15 60 0 NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Affer (Stete) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f, (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from 10//5 19.5.2 to 4/4 19.6.2 that (1) (***) last1962 and that death occurred at 2000 from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22s, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIANUS NAME/ director, be filled 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Balto. Hebrew Congregation 2100 Relait Rd. Ralto. 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 04208 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) BALTIMORE **b** COUNTY MARYLAND MARYLAND b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION BALTINORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SHEPPARD LENOCH PRATT HOSPITAL 4608 ROLAND YES NO 7 Year OF DEATH DECEASED LOUISE (Type or print) HELEN DAVIS 1967 deat IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years last birthday) Months Days WH ITE WIDOWED DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY; 31 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME Ide TEACHER-KETIRED SCHOOL OWARD WELDON- IDA 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditions, if any, which gave rise la immediale **DUE TO** cause (a), stating the underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES | NO | 200. ACCIDENT WAS UNDERVING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d INJURY OCCURRED (County) (Slote) factory, street, affice bldg., etc.) Haur a.m. While Not while at work 21 I certify that (I) (this hospital) attended the deceased from Oct 24 196/ to april 4 1962 that (1) (we) last saw the deceased alive an appril 4. 1962 and that death accurred at 2AM, from the causes and an the date stated above. TO FUNERAL DIRECTOR: 22a. SIGNATURE SIGNED M D. PHYS. STAFF PHYS. MED. 22c PHYS CIAN'S 22d. ADDRESS 3 should NAME (Type) 23b. DATE THEREOF 23g. BURIAL CREMATION. 73d LOCATION (City, town, or county) (State) __REMOVAL (Specify) DURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL STITENDING PHYSICIAN: In law requires that the death certificate be executed within 24 hours after death. Page 4 m.y. be retained by the Mospital on allending playstcian.

TO FUNERAL DIRECTOR: After this certificate has here assumed by the attending playstcian and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ragen 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 liours with death. 1 2

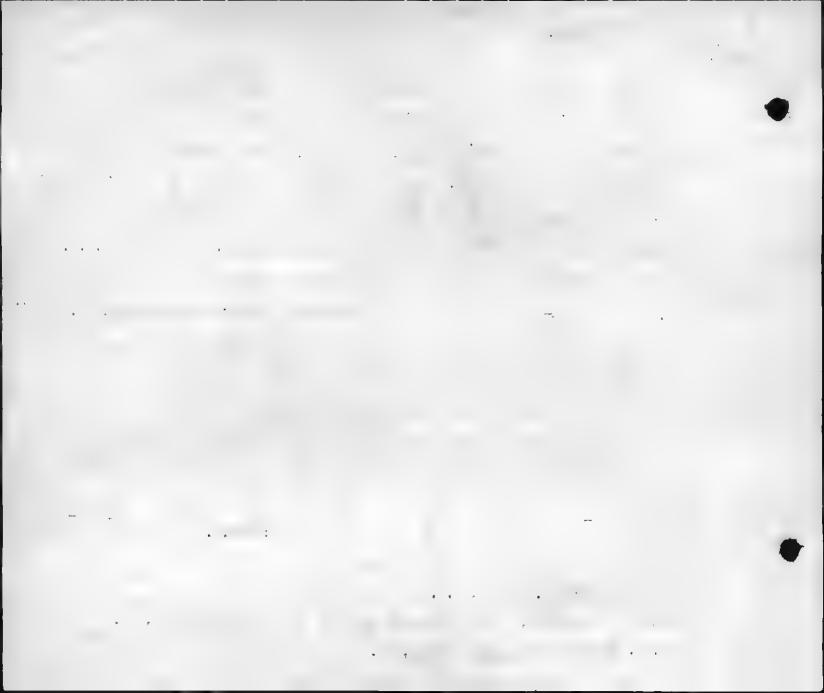
VR A15 (4) 15M 9/60

DIVISION OF STATISTI

MARYLAND STATE DEPARTMENT OF HEA	LTH
CAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	04004

04904

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. STATE b. COUNTY
Raltimore MARYLAND	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN [If oulside corporate limits, write RURAL end give nearest town]
write RURAL and give nearest town)	
Owings Mills 8 months	Baltimore 2 3V114
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS (e. IS RESIDENCE
	ON A FARM?
3. NAME OF ROSEWOOD State Training School	1710 Barclay Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)	DEMINDS DEATH 4 3 19 62
Randolph, Jr.	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours M'n.
Maila Morma WIDOWED DIVORCED	1/3 2/50 17 ya. Months Days Hours M. H.
Male Negro WIDOWED DIVORCED	TY 1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	II. DIKTIFERGE (GOOT) O SINE, OF FORING COUNTY
Dependent none	Baltimore, Md. U.S.A
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Randolph Deminds	Sarah Mae Wade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yas, no, or unkown) (Ifyesgive werordelasofsarvice)	
none none	Rosewood Records, Owings Mills, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: Right Side U	malm of Ann Oliver December 1
A MMEDIATE CAUSE (6)	preminenta - 5 days -
DUE TO	
Conditions, if any, which it is with terms	avcess 84mys
gava risa to immediata causa	
(e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
Sparte quadripleque 200. ACC DENT WAS UNDERLYING 1 206 DESCR. BEROW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DIATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	with Simptomatic Epileps YES NO !
3 spasue quadriplique	
208. ACC DEN WAS UNDERLYING 1 206 DESCRIBE FOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DIATH	the feature of largery in Part I of Peri II of Item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	CE OF INJURY (Home, ferm, 201, (Gily or town) (County) (State)
	tory, street, office bldg., etc.)
p.m. 19 at work at work	
21 I confide that III (this harnital) attended the decorred from	
saw the deceased alive on	death occured at 10:20 from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 1/22b. DATE
Hunn B. Butter	PHYS. DIRECTOR PHYS. 7/5/62
722c. PHYSIC ANA	22d. ADDRESS
NAME (Prof)	Comme Mille med
Harry G. Butler, M.D.	Junys 11204 114.
23%. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
RBuria (pacify) April 9, 1962 Rosewood C	emetery Owings Mills, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons Reisterstown, Md.	400 1 1 100 0 1 0 W
The state of the s	DATE APR 11 '62 Cothun S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmiss on e. COUNTY **b.** COUNTY Baltimore MARYLAND e. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RJRAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. write RURAL and give nagrast lown) Ruxton Ruxton d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, a va street eddress) a. IS RESIDENCE ON A FARM? YES NO T 2027 Skyline Road Skyline Road 3. NAME OF DATE Middle DECEASED OF DEATH (Typa or print) William Diehl 16. COLOR OR RACE TO MARRIED X NEVER MARRIED AGE IIn yours LIF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months. Dave Male WIDOWED [DIVORCED 1Da. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Physician-self New York City 13. FATHER'S NAME 14. MOTHER 5 MAIDEN NAME William K. Diehl, Sr. Charlotte Neumer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yas giva war or datas of sarvica) Mrs. Ann L. Liehl-2027 Skyline Ad.-Ruxton, Md 18. CAUSE OF DEATH [Enter only one cause per line for [a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260 X DUE TO Conditions, I may, which (b) geve risa lo immediala cause DUE TO (a), staling the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 119. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING [] | 20b DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH (Stata) 20c. TIME OF INJURY 20d. IN. JRY OCCURRED : 20a. PLACE OF IN. URY (Homa, farm, 20f. [City or town] (County) Month, Day, Yaar factory, streat, office bldg., atc.) Not While Hour m.m. at work at work 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHY5. M.D. 22c. PHYS CIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Lorraine Park Cemetery Woodlaw Woodlawn Maryland
BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

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DIRECTOR:

death. Page 4

director, page director, page

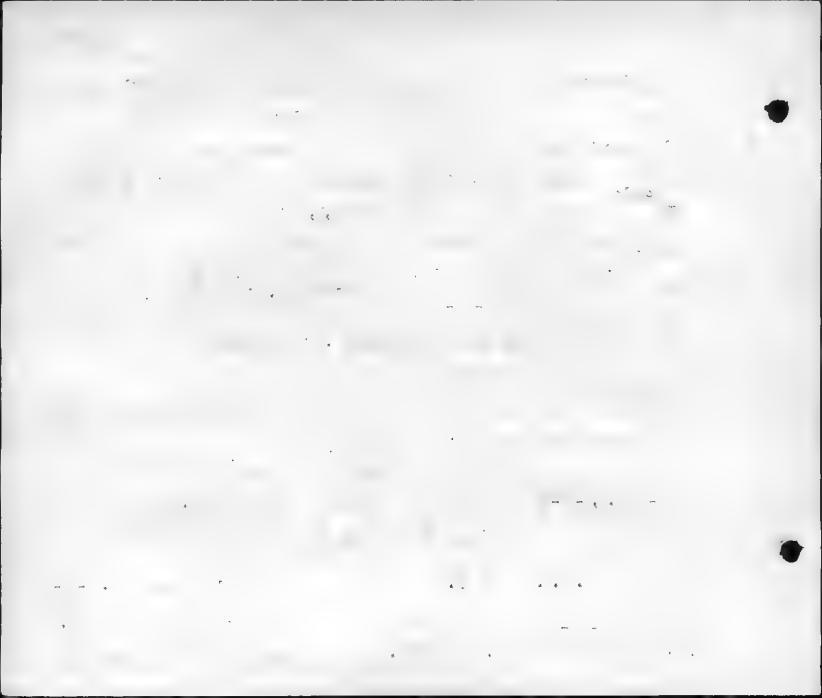
VR A15 (4) 15M 9/60

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oval,



AND STATE DEPARTMENT OF HEALTH ECH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved. If institution, Residence before edin ssion) e. COUNTY Baltimore Baltimore b. CITY OR TOWN if outside corporete lim to c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Woodlawn Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained the State 2148 Lorraine Ave YES NO Lorraine 3. NAME OF Midd e 4. DATE Month DECEASED OF (Type or print) DEATH ge 5 may be r and 2 with th within 72 hot Give Pages 1, 2, and 3 rm PM3. Page 5 may 1 IF UNDER I YEA B DATE OF BIR AGE (In years 7. MARRIED NEVER MARRIED last birthdey) Months MIDOMED DIVORCED White 10a USJAL OCCUPATION (Give kind of work done during grant of working life again if retired) 12. CITIZEN OF WHAT COUNTRY event File pages Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO in Item 18. Paul Doering. 2148 Lorraine Ave permit. (Yes, no, or unkown) | (Ifyesg vewarordetesofservice) and 214-14-9362 18. CAUSE OF DEATH [Inter only one cause per line for (e), b , and c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Gum shot wound in chest # 12 Shot Gun DUE TO shomid (6) "pending" gave rise to immediate cause DUE TO Examiner' (e), stelling the underlying pesn PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 1 19. WAS AUTOPSY CERTIFICATION word 8 burial, PERFORMED? Medical Shot herself while lying in bed with #12 Shot YES | NO . pluods writing the v e Chief Medi Page 3 shoul 20a. EXIMPNAL CAUSE WAS while tying in her bed with 0 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. evidently pulled trigger with her toes the C. MEDICAL ď. 20c. TIME OF INJURY Month, Day Yeer 201. (City or town) (County) (State) lectory, street, office bldg., etc.) While Not While et work at work the certificate, Woodlawn Raltimore Co. ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from. Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ò EXAMINER'S F1010 Leeds Ave. 4-21-62 TO FULL Health NAME (Type) 226 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Iown, or country) (State) REMOVAL (Specify) O Md. Woodlawn. Durial Woodlawn ADDRESS 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME W. North Ave., Strong 3207 5M 1/62 DATE APR 2 4 162 Circhay & Krous



EET. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Health, files, MARYLAND NARY CAND RTOWN (| outside corporate | mils, write RURAL and give nearest town) OR TOWN (if outside corporete I mits, 1 c. LENGTH OF STAY IN 16 RURAL and give neerest town] č Į0 . IS RESIDENCE ON A FARM? retained f YES NO IZ 3. NAME OF DATE Month Day DECEASED OF (Type or print) DEATH with DATE OF BIRTH AGE Th years | IF UNDER 1 YEAR NEVER MARRIED 9. IF UNDER 24 HRS. may 2 7. MARRIED 5 m 2 m 2 w lest blighdey) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Раде done during most of working life, even if retired) 8. Give Pages within. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E S form 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per lies for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-t Office DUE TO gava rise to immediate causa DUE TO (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1'4). 19. WAS AUTOPSY PERFORMED? 28 e word Medical should 20b. DESCUIA OW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. DEPUTY MEDICALE, writing lease execute the certificate, writing should be forwarded to the Chief the Cir. 20c. TIME OF INJURY 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, streat, office bldg., atc.] While at work at work p.m. 19 21. I certify that I took charge of the remains described above, held an Autopsy 占 Inspection and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL **ASSISTANT MEDICAL EXAMINER** DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or (State) REMOVAL (Specify) 6 0 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 2 3 '62 Chilling & Throngs 5M 7/59

AND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Mary land Baltimore Baltimore MARYLAND b. CITY OR TOWN (f outside corporate I mils, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Dundalk Dundalk rould be executed within 24 hours effer death. If any delay is in pencil In Item 18, Give Pages 1, 2, and 3 to the funeral d. Office along with form PM3, Page 5 may be retained for burlet-transit permit, File pages 1 and 2 with the State Boar and In any event. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO BE 120 Patapsco Ave. Patapsco Ave. 3. NAME OF M ddle 4. DATE Month DECEASED OF (Type or print) DEATH George Ehrbaker (A.K.A. B 19 (A.K.A. Baker April 62 B. DATE OF BIRTH 5. SEX AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Devs WIDOWED & DIVORCED Feb. Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Brick Layer Maryland 14. MOTHER'S MAIDEN NAME Philip Ehrbaker Eva von Brunen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordates of service) Philip H. Margate Rd.-22 Ehrbaker. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, fary, which Examiner's ("pending" gave r'se to immediate cause DUE TO (a), steting the underlying cause lest. cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1:6)* 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should Medical Edits designated agent. In the the heart of the contract o NO SORIBE HOW/INJURY OCCURED: (Enter-nature of injury in Port I or Port II of Itom 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Home, form. 2Df. (City or lown) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER .. DEPUTY EXAMINER'S NAME (Type) Melvin B. Address (Street, city, town, or county) Dundalk, Davis, 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O ö burial Moreland Memorial Park Baltimore County, Md. 0 7 D 246. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME cerching & thouse Ullrich Funeral Home, Dundalk, Md. APR 2 5 '62 5M 7/59

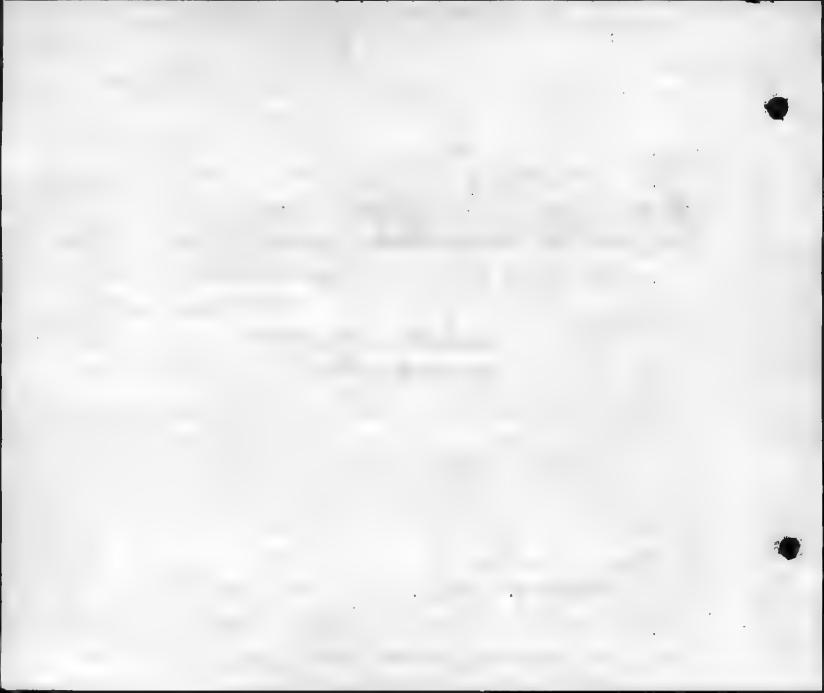
MARYLAND STATE DEPARTMENT OF HEALTH

vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where decased livad, if institution; Residence before admission) A COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN H outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES INO S NAME OF Year DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE B. DATE OF BIRTH AGE (in years HE UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months ? Hours WIDOWED [DIVORCED March physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aved if relired) Ananger 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME ₽ attending pue Then INFORMANT (Yas, no, sk unkown) | (If yas give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a). INTÉRVAL BETWEEN certificate has been signed by PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118, 179. WAS AUTOPSY CERTIFICATION 9 PERFORMED? 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part 1 or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stata) Month, Day, Year factory, streat, office bidg., atc.) While Not While Hour a.m. at work at work D. M. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from....... ATTENDING ! 22b. DATE 22a, SIGNATURE MED SIGNED death. Page 4 -DIRECTOR PHYS. director, page is 22c. PHYSICIAN'S 22d. ADDRESS Feldman Ir. 23a. BURIAL, CREMATION, | 23b LOCATION (City, town or county) REMOVAL OH YR A15 (4) 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH



VS ATS (4) 15M 10/57 04213

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04210

1. PLACE OF DEATH o. COUNTY BE	al timore		MARYL	- 11	2. USUAL RESIDENCE (WHO a. STATE Maryla		l lived. If institution b. COUNTY		imore	sion)
b CITY OR TOWN RURAL ond give Rural =	'	s, write	c. LENGTH OF STAY IT	- 1	c. CITY OR TOWN (IF or	utside corpo	rote fimits, write RI	URAL and give	nearest low	n)
	PITAL (If not in hospital, g			,414	d street Address 527 Hampton	Tana			ON.	SIDENCE A FARM?
						1			TEST] NO [X]
3. NAME OF DECEASED (Type or print)	Pearl		Middle Blan		Eichhorn	4. DATE OF DEATH	April	th .	00y 8	19 62
5. SEX Female	6. COLOR OR RACE White	7 MARR	IED NEVER MARRIED		DATE OF BIRTH		9 AGE (In years last birthday) 77 yrs	Months Do	EAR IF UND	Min
100. USUAL OCCUPA	TION (Give kind of work or rorking life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZE	N OF WHA	TCOUNTR
Housewi					Baltimore	e, Mar	yland	1	J.S.A.	
13. FATHER'S NAME					14 MOTHER'S MAIDEN N					
Edw	ard Deaver				Elizabetl	h Burt	on			
IS. WAS DECEASED	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	ORMANT		Addı	ess		
NO or unknown)	DEATH (Enter only one co		None	Mr	s. Donna Barı	rett,	R.N., 14	39 Bur	ton Av	6
Conditions, if gove rise to cause (o), stotic tying cause to	immediate on the under-	C-FAIR	BRAKIZED A	ARTE	EMORLI EXOSCIFICOSIS	7 8 /4	40 <i>8</i> 277;	ALSCUM		YKS.
					OT RELATED TO THE TERMIN			EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in P	Port I or Par	11 of item 18.)			
20c, TIME OF ING	100	While	NJURY OCCURRED Not while of work	20e. PLAC facto	E OF INJURY (Home, form, iry, street, office bldg., etc.	, 20f (City	or tawn)	(Cou	nly)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	186	ed from $3/2$. 2, and that of the series of	death (ADDRESS (SO Pennsy	n the couses of reet, city or town, Ivania A	stote)	date stat	
220. BURIAL, CREMA REMOVAL (Spec Burial	110N 22b. DATE THEREC		22c. NAME OF CEMEN Lorraine				imore, M		(Sto	ote)
W177. Cool			Address Towson	4, M	aryland DATE		RAR 24b. REGIS			



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence below edmiss on) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete temits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville 5vrllmthl2dvs Parkton, Md. Pages 1 affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? Spring Grove State Hospital nune YES NO 3. NAME OF 4. DATE Month Middle Last DECEASED OF Ensor (Type or print) Spencer DEATH Aprij 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yours | IF UNDER I YEAR IF UNDER 24 HR5. last birthdey) and Months Days Hours WIDOWED 3 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Md. Retired watchman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .⊑ Then please Elizabeth Hutchinson Louis Ensor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ; (Ifyesgive war or dales of service) moval, Spring Grove State Hospital Records: the 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN physician, signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: days Pmeumonia IMMEDIATE CAUSE (e) DUE TO affending Adhesive pericarditis; unknown etiology (b) gave rise to immediate ceuse DUE TO certificate has by use as the bur le), stating the underlying Cardiac hypertrophy and dilatation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES X NO 1 20a. ACC.DENT WAS UNDERLYING J OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. IC by or lown! (County) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. al work at work DIRECTOR:, to April23, 19..62 that NO (we) last 21. | certify that (this hospital) attended the deceased from ... May saw the deceased alive on April 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED Jella Wachesler PHYS. O HOSPITAL death. Page 4 5 FUNERAL 1 frector, page PHYS. DIRECTOR 22d. ADDRESS Spring Grove State Hospital 22e. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville, Maryland 23d. LOCATION (Gity, town or county) (Stete) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. RIMOVAL (Specify) T de 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 Circling L. Thomas

April 22

an

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where decresed lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Saltimore Harvland Balti nore MARYLAND b. CITY OR TOWN (if outs'de corporeta limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town! catonsville affer Catonsville Pages d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? hours 2011 Rockwell Avenue YES TO NO TO 2011 Rockwell Avenue pers. 4. DATE Month Yeer 3. NAME OF M.ddle Lest OF DECEASED DEATH 1962 (Type or print) April Ernest Charles IF UNDER 24 HRS. AGE (In years HF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) and Months Days Hours Jan. 27, 1898 WIDOWED X White D VORCED | Male 12. CITIZEN OF WHAT COUNTRY? physician 940 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Baltimore, Maryland Retired-V. Pres. Pressmans Union 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Prop Charles W. Ernest 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT Address Then (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mr. Charles V. Enest, Jr. - 2014 Rockwell Avenue World War INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, (5) gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO N Tremoscheroses 208. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. et work et work au 21. I certify that (1) (this heapyal) attended the deceased from..... 19/2 and that death occured at SSM from the causes and on the date stated above saw the deceased alive on DATE 22a. SIGNATURE SIGNED ATTENDING PHY5. DIRECTOR PHYS. leath. Page 4 FUNERAL. lirector, page 3 of filed with the 22d_ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THE LEOF 23c. NAME OF CEMETERY OR CREMATORY (State REMOVAL (Specify) Baltinore, mary and OL Lorraine Park Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYIAND STATE DEPARTMENT OF HEALTH

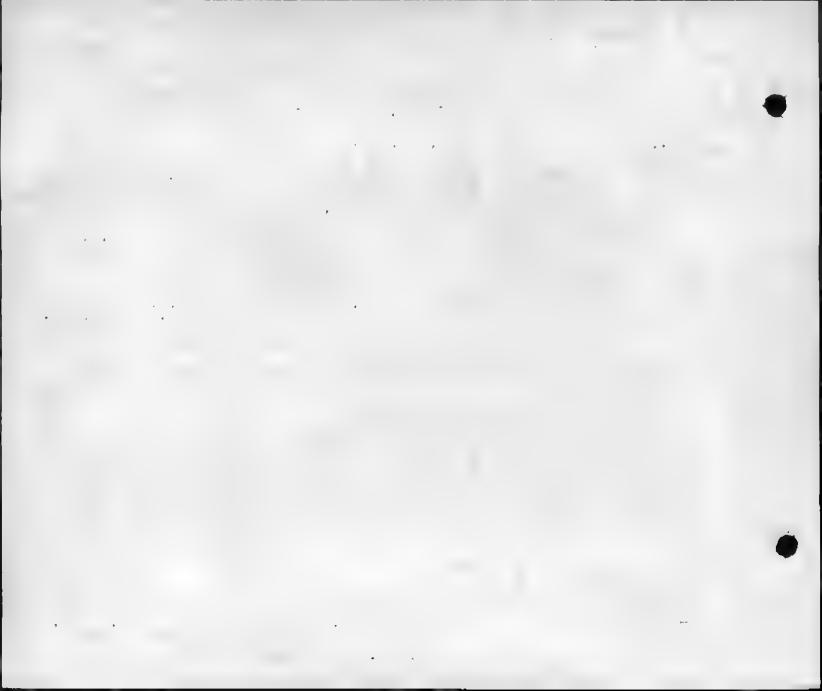


ON A FARM?

SIGNED

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Baltimore Page files. Gealth, Baltimore .. STATEMaryland b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrast town) for your Penwood Terrace Penwood Terrace vrs . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Road. 8603 North Point Res. Morth Point be retained State YES NO XX death. NAME OF DATE Month Day DECEASED 3 to the OF the th (Type or print) DEATH ¥. 5. SEX 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR 7. MARRIED INEVER MARRIED 6 ast birthday) a 5 m, and 2 w 2 with and Months Hours Female WIDOWED Ma.v DIVORCED . 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or fore gr country) 12. CITIZEN OF WHAT COUNTRY? Page ve Pages 1, 2 PM3. Page dore during most of warking his, even it retired) HOUSEWife Virginia S.A. within pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louisa Walters Alec Alford 8. Give <u>e</u> form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) ! (Ifyasgivawarordalasofservica) with Mrs. Lucille Sherrow P.O. Box 183 DIE pencil in Item 1 None HOW & THE WALL BY WEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along burial-transit p ONST AND DEATH PART I. DEATH WAS CAUSED BY: Mys condial ensufficiency pue IMMEDIATE CAUSE (a) Office removal, Conditions, If any, which gave rise to immediate cause Examiner's (1) DUE TO (a), stating the undarlying 50 be used causa last. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical NO TO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of 'njury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3 sits designated agent, prior to buria 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f., (City or town). (State) factory, street, office bldg., etc.) While Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion designated agent, death resulted from Natural causes 1. Homicide -Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 7-41-6 L EXAMINER'S NAME (Typa), Address (Street, c'ty, town, or county) 22a, BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 4-7-1962 Ö P40 9 Meadowridge Mem. Park | Washington Blvd. Md . 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE V5. A15ME DIIDA 7922 Wise Ave. 22. Md. DATE APR 5 5M 9/60 Culling & Kenny

MARYLAND STATE DEPARTMENT OF HEALTH



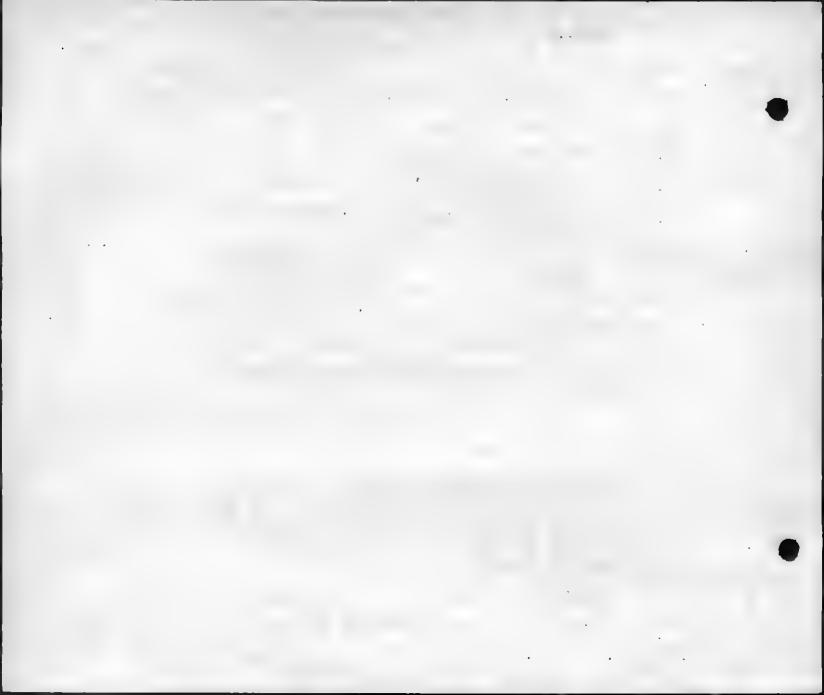
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04215

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before admission)					
	Baltimore Maryland	Maryland b. COUNTY					
	b, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)						
	Reisterstown	Baltimore 2					
	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	Bent Nursing Home, 12020 Reisterstown Road	621 East Biddle Street					
	3. NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print) MARGARET S.	FAGERLAND DEATH April 18 1962					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4 Jost birthday) Months Days Hours Min.					
	Female white widowed DIYORCED	Aug. 19,1878 83 yrs. Months Days Hours Min.					
	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. B RTHPLACE (County & State, or lore.gn country) 12. CITIZEN OF WHAT COUNTRY?					
	Housewife	Virginia U.S.A.					
Sea.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	Unknown	Unknown					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Hyesgive war or dates of service)	INFORMANT Address					
	none	Mrs.May Fischer,3005 Kentucky Avenue Zone 13					
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH					
	PART . DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THR	om Bosis 24 HRS					
	722.1 DUE TO						
	Conditions, il any, which \ (b) ANTERIO SCLEROT,	IC C. U. DISEASE YEARS_					
	gave rise to immediate cause (a), stating the underlying DUE TO						
	cause fast. (c)						
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
	3	YES NO X					
	OR CONTRIBUTING CAUSE OF DEATH	IED, (Enter nature of injury in Part I or Part II of tem (8)					
		PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)					
	p.m. 19 al work at work						
	21. I certify that (I) (this hospital) attended the deceased from	n. 2/3, 1962, to. 4/					
	saw the deceased alive on 24.1.7196.2., and the	at death occured at 7. 152M, from the causes and on the date stated above					
	228. SIGNATURE	ATTENDING MED. STAFF 21/15 S.GNED					
	Nartin E. Strily	M.D. PHYS. DIRECTOR PHYS. 1					
	22c. PHYSICIAN'S NAME (Type) AD ADTIME TO COMPARE	Decreperal My					
	23a BURIAL, CREMATION 23b. DATE THEREOF 123c, NAME OF CEMETER	Y OR CREMATORY 123d LOCATION (City, town or county) (State)					
	prisova series	morial Cemetery Taylor Ave & Dalesford Rd					
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE					
1	Wm.Cook, Inc., 1217 St.Paul Street	APR 2 3 '62 C Ilmy S. Krays					



FOR STATE HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any elect within 72 hours after death.

JCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay

VS. ATSME 5M 9/60

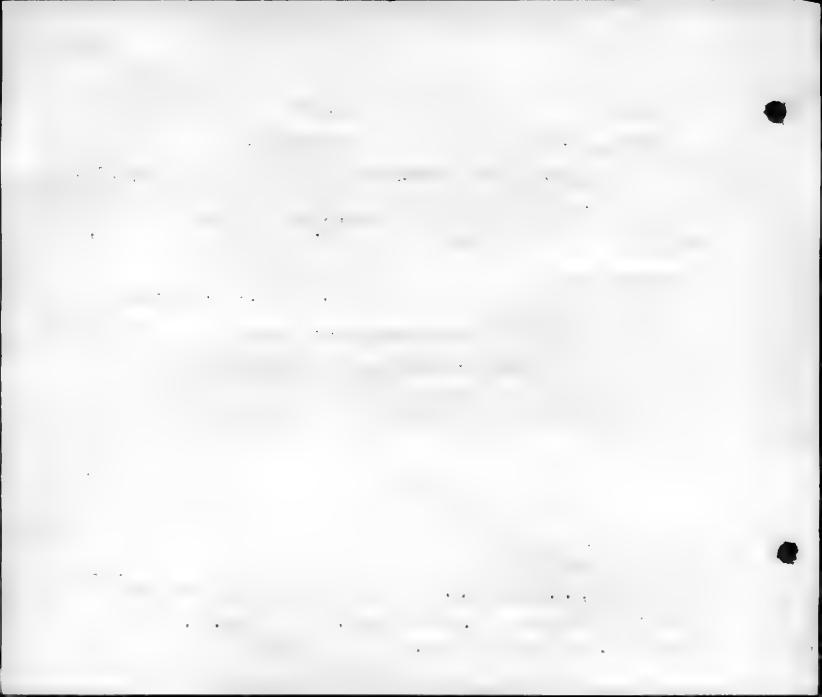
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04216

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Baltimore MARYLAND	• STATE Maryland Baltimore					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerast town)					
write RURAL end give nearest town) Dundalk (22) 30 years	X Dundalk (22)					
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.ve streat address)	d. STREET ADDRESS					
120 Kinship Road	120 Kinship Road YES NO X					
3. NAME OF Fust Middle	Leef 4. DATE Month Day Year OF					
(Type or print) PETER E. FAHEY	DEATH April 18th. 182					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Adapth Davy Latter					
male white WIDOWED DIVORCED	May 18, 1882 79 yrs. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Heater Steel	Ohio					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Patrick Fahev	Cathanina Nasaham					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Catherine Needham					
(Yas, no, or unkown) ((fyesgivewarordalesofservice)	7 1 F 7 1					
18. CAUSE OF DEATH [Enter only one cause for line for (e), (b), and (c),]	faude T. Fahey same as '2					
PART I, DEATH WAS CAUSED BY:	Occlyser: ONSET AND DEATH					
IMMEDIATE CAUSE (a)						
7- 31/ OUE TO D - (-C-1	DISTAGE					
Conditions, if eny, which geve risa to immadieta cause						
(a), stating the underlying DUETO						
cause last. (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
3	YES NO ZH					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20%. EXTERNAL CAUSE WAS	pter nature of Injury In Pert I or Part II of .lem 18.)					
/ [.	m Q					
	OF OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour e.m. P.m. 19 While Not While st work at work	ory, street, office bldg., atc.)					
21. I certify that I took charge of the remains described above, he	d an Autopsy . Inspection Inquiry I and in my opinion					
death resulted from: Natural causes Accident . Suici						
	CHIEF MEDICAL EXAMINER					
ACTUAL 11/2 AMAIN	_					
SIGNATURE // DOGG	M D. ASSISTANT MEDICAL EXAM NER DATE SIGNED					
EXAMINER'S NAME (Type) Melvin B. Davis, M. D.	Dundalk 22 aryland 4/20/62 Address Girest, city, lown, or county					
226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR REMOVAL (Specify)						
Burial 4/23/62 Noreland Men	orial Ealtimore Maryland					
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
Walter Erooks Eradley, Inc., Dundall	22, Middate APR 23 162 Chilhar S. France					



> 1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	304220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04217
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where decassed lived, If institution, R stidance before edimession)
Moliting and	Baltimore MARYLAND e. STATE Md b. COUNTILITIMORE
85.28	b CITY OR TOWN if outside corporate limits. c LENGTH OF STAY IN In CITY OR TOWN If outside corporate limits, write P. IRAL and give passed town.
Tage V	Catonsville Catonsville
A General	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS e. IS RESIDENC
dell ed ed te	407 Forest Lane 407 Forest Lane
Sta Sta	3. NAME OF Frst Middle Last 4. DATE Month Day Year DECEASED
## E # 8 T	(Type or prof) Flossic May Faidley DEATH April 203 . 1962
A S S S S S S S S S S S S S S S S S S S	5. SEX 6. COLOR OR RACE, 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
	Remaile White Winowsp B Divoscra Divosc
L, 2, ange 5 m ge 5 m and 2 within	10e. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 1277-2 CE State or foreign country
s 1, 2 age 1 an 1 an 1 wit	U/SAA
24 hou B Page M3. P pages	Home duties Home
24 Pa M Pa X	1 IA, MOTITER 3 MAINER NAME
hin 2 Give	15. WAS DIVISORE IN CLAST FORCES? 16 SOCIAL SECURTY NO 17 INFORMANTE Gardner Address
With 18.	15. WAS DEFENDED FOR INFORMANT 16 SOCIAL SECURTY NO 17 INFORMANT 17 INFORMANT 18 SOCIAL SECURTY NO 18 SOCIAL
wit wit and	
2	IB. CAUSE OF DEATH [Enter only one cause par line for (a) (b), and (c). I PART I, DEATH WAS CAUSED 8Y: Resident (Companyors) hourt discass of Companyors (Companyors) hourt discass (Companyors) hourt discass (Companyors) hourt discass (Compa
e exection along transit emova	PART I, DEATH WAS CAUSED 87: IMMEDIATE GAUSE [a) Acute Coronary heart disease
d b d b d b d b d b d b d b d b d b d b	A DUE TO
ould to in pe	Conditions, if any, which (b) Cardio vascular disease, Arterio sclerosis
ding's	gave rise to immediate causa e), steting the underlying DUETO
ificate pendin aminer sed all cremat	cause lest, (c)
ertificate I "pendir Examiner s used all I, cremat	PART II OTHER S ON FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPS
0 9 8 10 ()	PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMENT YES NOTE:
R: This the wor Medical should b	돌 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of itam 18)
発表を行	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CO. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of itam 18) CAUSE OF DEATH.
AMINER, writing th chief M Page 3 sh nt, prior h	Z 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State)
Pag Kr	Hour a.m. While Not While factory, street, office bldg., etc.)
EX Ex Bessel	
AL I	21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
to Tree certificate forwarded to DIRECTOR	death resulted from. Natural causes 🖟 Accident 🔝 Suicide 🔝 Homicide 🔝 Undetermined manner
The cerrivards	CHIEF MEDICAL EXAMINER
a de la se	ACTUAL SIGNATURE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUTY Nease execute should be fo FUNERAL ealth or its d	EXAMINER'S DEPUTY MEDICAL EXAM NER
Se e conference de la c	NAME (Type) Geo. S.M. Kieffer M.D. Addrass (Straet, city town, or county) lolo Leeds AVe
Should should be built be built be built b	228 BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata)
5 g 4 5 ±	Burial 4/26/62 Mt.Olivet Cemty. Balto.Md.
VR AISME	Witzke F.D. 4101 Edmondson Ave.
5M 1/62	DATE DATE OF BUILDINGS ON AVE.
11,3	as Henry

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY a. STATE **b.** COUNTY Baltimore Balto. Md. MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town? ŏ Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? relained State Old Hanover Road Old Hanover Road YES TO NO death. 3. NAME OF 4. DATE M ddle Month Year DECEASED OF (Type or print) Richard DEATH 62 Farace April 19 大学 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years may t rage 5 m. 1 and 2 w. 65 yrs. Months Davs May 30,1896 White Male WIDOWED [DIVORCED [X] kecuted within 24 hours after in Item 18, Give Pages 1, 2, ar ang with form PM3, Page 5 n 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Farmer Baltimore City USA File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent Farace Rose A. Scalco This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unknwn) i (Ifyesgivewarordetesofservice) Richard J. Farace Yes Easton Penna. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN Office along burial-transit r ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive B rain Damage in pencil DUE TO removal, Fractured Skull geve rise to immediate cause "pending" Examiner's ю DUE TO (e), statung the underlying VI RJ ᆼ cause last. nsed cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the certificate, writing the word NO F Medical plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert if of item IB.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | age 3 short to burial, Auto driven by deceased struck by train CAUSE OF DEATH Chief ന 1 20d, INJURY OCCURRED: 20e, PLACE OF INJURY (Home, ferm, 1 Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While R-isterstown, Lalto., rd. at work street at work lease execute the certificate, w should be forwarded to the FUNERAL DIRECTOR: P. prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY City, town, or county lartin E. Strobel NAME (Type) 17 22a, BUR, AL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) April 16,62 Burial Evergreen Memorial 0 40 Finksburg, Md. 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VII. AIIIME arthur 2 Krass J. F. Eline & Sons Reisterstown, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04219

I. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution b. COUNTY	n: Residence before admission)
Baltimore		Marylat	xd	Baltimore
 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RL	JRAL and give nearest town)
Catonsville	60 yrs.	X Catons	wille (rutal)	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
All Saint's	Convent	Hilton	Ave. (extend	- 10 Nove (171 to to 180)
NAME OF DECEASED (Type or print) Sister Age	Middle nes of all Saint		4. DATE Mont OF DEATH	h Doy Year April 23. 19 62
	RRIED NEVER MARRIED		9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDO	WED DIVORCED	Oct.15, 1869	last birthday) 92 yrs	Months Days Haurs Min.
a. USUAL OCCUPATION (Give kind of work dane 10	b. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	isters of the	West To		77 W A
Professed Sister S	isters of the	POOR NEW JO		U. S. A.
	anna Tanadanakan			
Rev. William Ge				
i. WAS DECEASED EVER IN U. S. ARMED FORCES? It (if yes, give war or dates of service)	, 3		Addr	
Mo	Mone Al	1 Saint's Com	rent Catenavi	11a - 28, Mi.
18. CAUSE OF DEATH [Enter only one couse per	tine for (o), (b), and (c).]	_	- 4-5	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	mamondal	Legombano	ction	2 200
DUE TO				
Conditions if any which	1. / Na	Time lines		1150.
gave rise to immediate	actaly act	VW-VELVI-		1-/1.
cause (a), stating the under-	· ·			
lying cause last.) (c)				DI DI DI DI LI LI DI LI
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT ON				YES NO
206 ACCIDENT WAS UNDERLYING (20b. D) OR CONTRIBUTING (20b. D) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort i ar Part II of item 18)	
	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm,	20F (City or town)	(County) (State
Hour a.m 19 Whi	le Nat while	ctory, street, office bldg etc.)		
		44 /		- A and a
21. I certify that (I) (this haspital) atte	nded the deceased fram.		10.10_4=Z3	工, 19名之 that (i) (例以 las
saw the deceased alive an	21 - 1962, and that	death accurred at///	V. from the causes an	d an the date stated above 22b, DATE
22o. SIGNATURE		ATTENDING & ME		22b, DATE
Webourt, Jalla	on	M D PHYS DIR	ECTOR PHYS	4/04/6'
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS		77
Wilner K. Cal	lager M. D.	2609 Frede	rick Ave. Cat	onsville - 28, M
3d BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town, o	
REMOVAL (Specify)			Catonsville.	
FUNERAL DIRECTOR'S SIGNATURE	All Saint's (TRAR'S SIGNATURE
PARTE OF 11-01-01-0 3/2	Catonsvi	7- 163		
CHANGE IL MONNO	OR COTTO	DATE AP	R 2 7 '62 a	Thuy S. Henres

Page 4 may be retained by a haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the taper of director. Pages 1 and 2 shauld be filled with page 3 shauld be detached far use as the burial-transit permit. Then piease remave carban pagers Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VR A15 (4) 15M 9/59

and the same of th MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 # /

n

AND STATE DEPARTMENT OF HEALTH ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY be COUNTY. 동건 속 ナノかつのトや MARYLAND pue b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 carbon nt. withir 5. SEX AGE (In yeers JE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and lest birthday) Months Days Hours WIDOWED 12 DIVORCED YES. physician гетто 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & Stelle, or foreign country) done during most of working life, even if retired) rmer man 13. FATHER'S NAME ding ā aftend ARMED FORCES? (Yes, no, or unkown) (If yes give were relates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), INTÉRVAL BETWEEN ģ ONSET AND DE PART . DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO zenalu Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D YES 2De ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from.... 19.6.2, that (I) (we) last to. C should saw the deceased alive on. 2b. DATE 22a, SIGNATUR ATTENDING SIGMED DIRECTOR PHYS. death. Page TO FUNERAL PHYS. page with th 22d. ADDRESS director, be filed 236 BURIAL, CREMATION. LOCATION (City, town or county) RBMOVAL (Specify) **FUNERAL DIRECTOR'S** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATE d. Trave



DATE APR 2 3 162

arthur & Kraus

Wm.Cook-Towscn, Inc. 1050 York Rd.

15M 9/60

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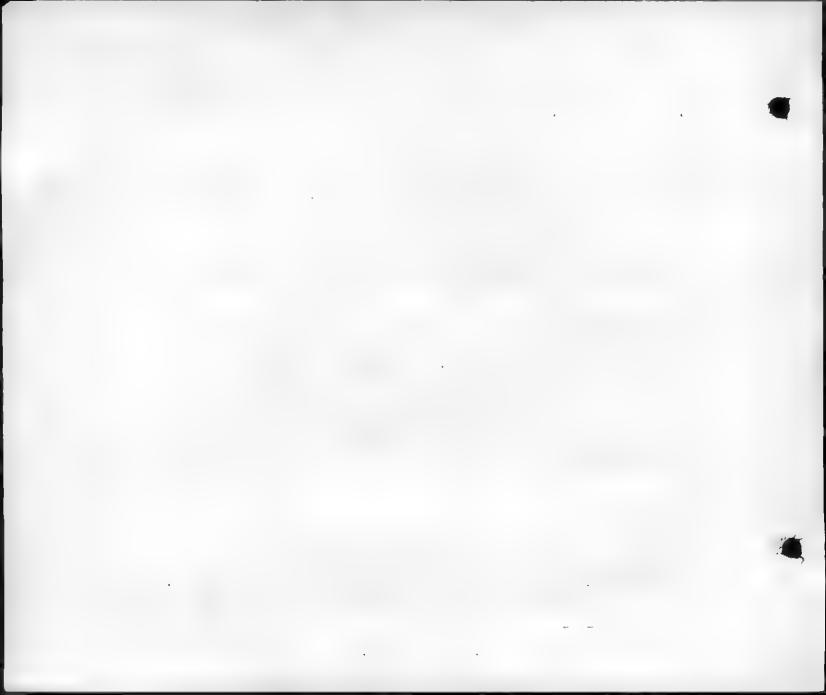
04226

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04223

		a. COUNTY Z	JSUAL RESIDENCE (Where deceased lived. If institution Residence before admission) D. STATE () D. COUNTY ()		
		13 a / TIMOre MARYLAND	1) lary and Dalth Thork		
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	Ru	LRAL - Coureysville most of life 1	lupal - Cockeysville >		
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE		
		OR INSTITUTION	hurch Lake YES NO.		
	3 B	NAME OF BESSIE REBECCA FORD Middle	Lost 4 DATE Month Day Year		
		DECEASED (Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX OF DEATH April 11 1962		
			New 21, 1888 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS New 21, 1888 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS North In It was a second of the se		
	10a.	Oo. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
		Houce wife HOME	Maryland USA		
	13.		MOTHER'S MAIDEN NAME		
		GEORGE ME FATRIDGE	10,00 Viedin Slade		
	15.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOR	MANT Address		
		Yes, no, or unknown) / Iff yes, give west or dates of service)	sworth Ford Cockeysville, Md.		
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY: [MANGE IN CONTROL ! COF	onany Scharosis 4days you		
		DUE TO	///		
	Conditions, if ony, which) (b) generallized authors sclens the word				
		gove rise to immediate DUE TO			
			liovaccular discre		
1	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY		
8	ICATION		PERFORMED?, YES NO TO		
		. M	tter nature of injury in Port 3 or Port II of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, street, office bldg., etc.) (City or town) (County) (State)		
	VED	Hour o. m. While Not while tocrory. p. m. 19 of work of work	street, office blogs, etc.)		
		21 I certify that (I) (this hospital) attended the deceased from.	1947 to April 11, 1967, that (1) (we) last		
			Ch. I. U		
		saw the deceased alive on H-PV-L1 11-1965 and that deat	h accurred at 75 M, from the causes and on the date stated above.		
		Elizabeth Botherill Mrd M.D.	ATTENDING MED STAFF SIGNED PHYS		
,		22c PHYSICHAN'S Flizabeth B. Sherrill M.D.	Cockeysrille Md.		
	230	30 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CR			
•		BURIAL H-14-62 Poplar Grove Cem	etery Cockeysville Maryland		
		4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE		
	Bı	Brooks Funeral Service, Inc. Towson 4, Md.	DATE ADR 1 6 162 Cathur & Hand		

VR A1S (4) 1SM 9/S9



1 3	56	DIVISION OF STATISTICAL RESEARCH AND RECORD., JULY W. PRESTON STREET, BALTIMORE 1, MARYLAND
	1	04227 CERTIFICATE OF DEATH 04224
	\sim	1. PLACE OF DEATH 1. PLACE OF D
*	1/1	1. PLACE OF DEATH COUNTY Lems 8 & 9 Film State Space decessed lived, If institution, Residence before edmission) b. COUNTY b. COUNTY
15/	KI) I	Datemore Maryland Ma.
8	\mathcal{X}	b. CITY OR TOWN (if outside corporate l'mits, write RURAL end give neerest lown) write RURAL end, give neerest lown)
6		Overlea X Overlea
m	V	d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospite., g ve street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
2	$A = \begin{bmatrix} A & A \end{bmatrix}$	23 Leslie Ave. YES TNOTE
		3. NAME OF First Middle Lest 4. DATE Month Day Year
		(Type or print) / Harry L. Forrest DEATH 4 7 19 62
		Though the state of the state o
		lest b 47 Months Days , Hours (Min.
		Venture widowed Divorced May 11, 1888 73
		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE 2. y & Sie country) 12. CITIZEN OF WHAT COUNTRY?
I		housewife Maryland 'WH
		13. FATHER'S NAME
	T	Harris Wales
•	الك	15. WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
		(Yes, no, or unkown) (Ifyes give wer or detes of service) P. Vernon Forrest Sr. same
		18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
		ONSET AND DEATH
		1 IMMEDIATE CAUSE (a) Myccarcleal Defenction 7 house
		TI DUE TO DI TI
		Conditions, if any, which (b) Colonary Monibous direction
		gave rise to immediate cause (a), stating the underlying DUE TO
		couse lest. (c)
	1	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	U	E Medities mellitus
		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.)
		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of them 18.) OR CONTRIBUTING CAUSE OF DEATH OR ONTRIBUTING TOTAL EXAMINER!
		Hour e.m. While Not White fectory, street, office bldg., etc.)
		21. I certify that (1) (this hospital) attended the deceased from
		saw the deceased alive on 4 - 7
		226. SIGNATURE 22b. DATE SIGNED STAFF SIGNED
		Taul bruller M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 4-7-602
		22c. PHYS CIAN'S
		NAME (Type) PAUL G. MI) ELLEK 6411 Belain Kel Butt. 6 md.
		236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stell)
		Durial (3pocity) 4-10-62-Lake View (emetery Baltimore, Ind.
	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR'S SIGNATURE
	M	ADD 0 160 Clather & Trans
	111	L. J. Kuck Inc. 5305 Harford Road DATE APR 3 02

MARYLAND STATE LENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. It institution; Residence before admission) n. COUNTY e. STATE b. COUNTY BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? SPARROWS POINT SPARROWS POINT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO-1018 3. NAME OF Freel Middle 4. DATE Month DECEASED OF (Type or print) DEATH PAUL FOSTER 18 APRII 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 5. SEX DATE OF BIRTH age 5 may 1 and 2 will 72 hours a last birthday) Months WIDOWED DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2, M3. Page done during most of working life, even if retired! pages i STEEL WORKER STEEL HALIFAX COUNTY. TISA PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JIM FOSTER FANNIE FOSTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) permi MARY WILLIE FOSTER(W)1018 I 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c),) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER S.GNIFICANT CONDITIONS CON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARK WAS AUTOPSY PERFORMED?3 ld be NO CERTIFICAL 200 EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY-OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief A sage 3 s 20d. NURY OCCURRED 200. PLACE OF INJURY (Home, form, ' 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) the Chie R: Page ior to bu fectory, street, office bldg., etc.) Not Wille af work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion ō to the cert fic forwarded by L DIRECTO Undetermined manner death resulted from-Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER lease execute the should be forward by FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER. EXAMINER'S Address (Street, city, town, or county) 6800 MORNINGTON NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) ± 40 ₽ 0 62 ARBUTUS MEM L. PK. BALTO. COUNTY, MD. ADDRESS 24e REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 512 CARROLLTON AV. BALTO. MD. M. 1 8 without S. Hours CHARLES G. COOPER 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()4226 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence bafora admission) **B. COUNTY** 5. COUNTY a. STATE Baltimore MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Fort Howard Chincoteague Days hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NOT 307 Church Street Veterans Administration Hospital papers. n 72 ho 3. NAME OF 4. DATE Month Year DECEASED OF DEATH APRIL 28TH (Type or print) 19 62 MILTON н. FOXWELL withi 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX last birthday) Months Days Hours Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Laborer Somerset, Maryland U.S. Naval Base 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hayes Foxwell Annie Dashields 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) Clin, Rec. VAH, Fort Howard, Maryland Yes 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA DAYS IMMEDIATE CAUSE (a) the has been signed the burial-transit p burial, cremation. **DUE TO** BRONCHOGENIC CARCINOMA MONTHS Conditions, fany, which gave rise to immediate cause **DUE TO** (a), stelling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? YES NO T prior CERTIFI 2Da ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18 OR CONTRIBUTING [CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Statut 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm 2Dt. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While Hour am, at work at work April ... 28 ... 19 62 that (W (we) last (this hospital) attended the deceased from .Jan. 29 21. I certify that saw the deceased 22b. DATE 22a SIGNATURE SIGNED ATTENDING MED DIRECTOR PHY5. 162 PHYS. page with it 22d. ADDRESS 22c PHYSICIANS NAME/ (Type) JOSHUA A. SMITH. VAH, FORT HOWARD, MARYLAND filed v 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 4-29-62 ÷ 3 Oak Hall, Virginia Downing Cemetery Removal 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Clubin S. Firms DATE MAY 162 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institut on: Residence before admission) e. COUNTY e. STATE **b.** COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporete limits, c CITY OR TOWN [If outside corporate lim is, write RURAL and give nearest lown] c LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 666 West Franklin Street Rosewood State Training School 3 NAME OF DECEASED OF (Type or print) DEATH Carolyn 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months | Days Negro WIDOWED [DIVORCED | Female 10a. USUAL OCCUPATION (Give kind of work | 1 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) U.S.A. dependent Baltimore City, Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carroll Shannon Barbara Ellen Garey Stokes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) Rosewood Records, Owings Mills, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gave rise to Immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTO-SY 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of 18 m 18.) 20a, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY CCURRED | 20e PLACE OF INJURY (Hame, farm, 20f. (City or lown) (County) Month, Day, Year factory, street, office bldg., etc.) Not While at work at work 1961 to 4/2 1962, that (+) (we) last 19.62, and that death occurred at 2:15, Promothe causes and on the date stated above, saw the deceased alive on... 22a. SIGNATURE ATTENDING Jan DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

Butler, M.D.

 IS RESIDENCE ON A FARM?

YES NO TE

INTERVAL BETWEEN

ONSET AND DEATH

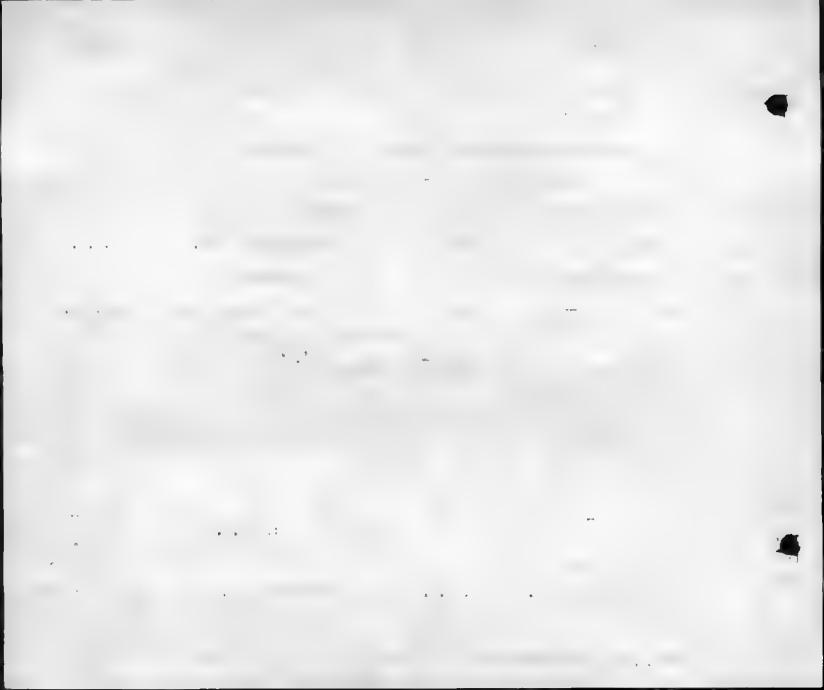
226. DATE

Rosewood Lane, Owings Mills, Maryland

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

23d. JOCATION HELT, town

VR A15 (4) 15M 9/60



04231 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND D b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) should the d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDREST 22 1140 , = 4. DATE NAME OF Middle Month Last filled DECEASED Pages death. (Type or print) DEATH S. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) completely DIVORCED | WIDOWED | papers. 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during most of working life, even if retired) gug 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4-erman 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes, give war or dates of service) altending please CAUSE OF DEATH [Enter only one cause peruline for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which permit signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse last burial-transit has been CHANGE CONTROL GIVENIN PART 1(a) 19, WAS AUTOPS attending physic PART II OTHER SIGNIFICANT COND cremation, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CALSE OF DEA 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING TO CALL SE OF DEATH 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) a. m. While Not while at work at work p m After 21 | certify that (1) (this haspital) attended the deceased fram... of Health ow the deceased alive an Land that death accurred at A.A.M., from the causes and an the date stated above. FUNERAL DIRECTOR: age 3 should be detact ATTENDING PHYS STAFF PHYS M D DIRECTOR Board 22d. ADDRESS BUR AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn, ar county) YD E REMOVAL (Specify) BFLAIR MEMICRIAL GARDENS 9 ADDRESS 24-FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE APR 3

e IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? No 🜆

> > (State)

22b. DATE SIGNED

(Stote)

M10

Days

(County)

Ilmy & Maria

196.2 that (1) (we) last

Months

ON A FARM?

YES NO

Year

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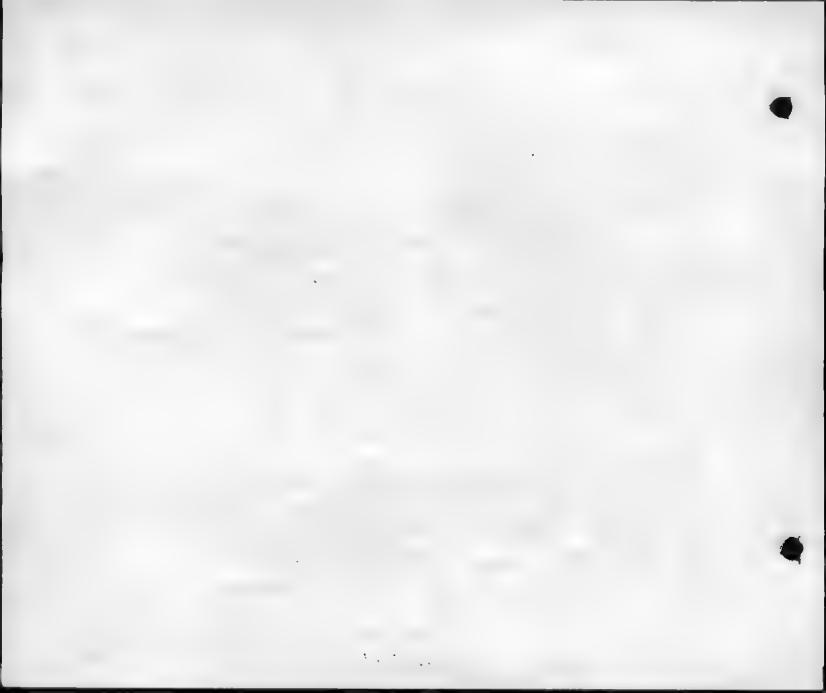
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

VR A15 (4) 15M 9/59



1 3	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
	04232	CERTIFICATE OF DEATH	04229
in 2 ours after din the funeral es I and 2 should after death	b. CITY OR TOWN (1 outs de corporata imits write RURAL and give nearest town) d. NAME OF HOSPITAL ORANSTITUTION (if	c, LENGTH OF STAY IN 16	b. COUNTY b. COUNTY b. COUNTY count
e death certificate be executed with ending physician and completely fille in please remove carbon papers. Pagin, and in any event, within 72 hours and in any event, within 72 hours and in any event, within 72 hours and	J. NAME OF DECEASED (Type or print) CARACO	THE MYDOWED DIVORCED DIVORCED TO BETTH TO BE STATE OF BUSINESS OR INDUSTRY 11. BRITHPLACE [County & State, or to DIVORCED] THE PROPERTY NO. 17. INFORMANT	Month Day Year NO Day No Days Hours Min. Days Hours Min. Days Hours Min. Months Days Min. Months Min. Months Days Min. Months
AYSICIAN: The law requires that the heapital or attending physician. is certificate has been signed by the att for use as the burial-transit permit. The horior to burial, cremation, or removal	PART I. DEATH [Enter only one of part I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE [a] DUE TO Conditions, if ony, which (b) gove rise to immediate cause (a), stating the underlying cause last. (c)	-215-28-8903 FIELEN LO 11	YES NO NO
TO HOSPITAL - ATTENDING P death. Page 4 my be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be detached be filed with the State Dept. of Health	ZOc. TIME OF INJURY Month, Day, Yea Hour a m. p.m. 19	While Not While fectory, street, office bldg, etc.) Attended the deceased from Queg. 19. 1948, to a sure like the deceased from Queg. 19. 1948, to a sure like the deceased from Queg. 19. 1948, to a sure like the deceased from Queg. 1948, to a su	The causes and on the date stated above. STAFF PHYS. When the last stated above. STAFF PHYS. When the last stated above. SIGNED SIGNED SIGNED TION (City, town of county) (State)
VR A15 (4)	1. B. Wippert	- 1300 Eutaw Th, DATE APR 23	162 Cirther S. Hema

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TO HOSPITAL:

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 A., be relatived by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in A. the funeral directm, mage 3 should be detached for mas the burial-transit permit. The pleam remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, baltimore 1, maryland 04230 CERTIFICATE OF DEATH 04230

V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)			
J	Baltimore	a. STATE Md b. COUNTY Balto			
	b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest lown)			
1	Carney . 80	Carney			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. 15 RESIDENCE			
	9103 Old Harford Road	9103 Harford Road YES 1 NO 1			
	3. NAME OF First Middle Middle	Last 4. DATE Month Day Year			
	(Type or print) CHARLES W. CA	RMAN DEATH 4 13 1962			
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
A	Male White WIDOWED DIVORCED	11-22-1875 lest bighday) Months Days Hours Min.			
	No. USUAL OCCUPATION (Give lund of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?			
	Farmer	Balto. Co. USA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Howell P German	Catherine P Stahl			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 E. (Yes, no, or unknown) (Ifyes give war or datas of sarvice)	NFORMANT Address			
		s Ella M McKenna 9103 Old Harford Road (34)			
	18 CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) _ ACULY GROWAY O'S Chromon Dest Morrolla Control of the Co				
	The state of the s				
	Conditions, if any, which (b) arter relevante curde variety diane 154st.				
	gave rise to Immadiate causa				
	(e), stating the underlying Course last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY			
c	OL L	PERFORMED? YES NO NO			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING 2 CAUSE OF DEATH IIF EITHER, NOTICY MEDICAL EXAMINER!	(Enter nature of injury in Part I or Part II of Itam 18.)			
	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm. ; 20f. (City or town) (County) (State)			
	The state of the s	ory, street, office bldg., etc.)			
	21. I certify that (I) (this hospital) attended the deceased from	126. , 1962 to Capacil , 1962 that (I) (we) last			
		death occured all M, from the causes and on the date stated above.			
	22a. SIGNATURE	22b. DATE			
	160lin Stance M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.			
	22c. PHYSICIAM'S	22d. ADDRESS			
ĺ	NAME (Typa)	8100 Herford Rd. Balls. 34 keet			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town or county) (State)			
1	Burial 4-17-1962 Hiss emeter:	y Balto. Co Md			
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
V	Larga In Burnard Dome 7401 Belant	Pare APR 1 6 '62 Cirlling S. Kraus			
	The state of the s				



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Rea. COUNTY b. COUNTY Baltimore Baltimore Md. and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Yrs Lakohurst Lakehurst filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Lakeview Road 6016 Lakeview Road YES NO X papers. 3. NAME OF First Middle Year Last 72 DECEASED OF Louis 62. (Type or print) T. Getterman.Sr. DEATH April 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours Malle Mar.6.1896 66 WIDOWED [DIVORCED [yrs. physician 10a. USUAL OCCUPATION (Give kind of work remove 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUS.NESS OF INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Anderson and Iroland 12. CITIZEN OF WHAT COUNTRY? icoPresident Wholesale Hardware U.S.A. Va. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME . Getterman Catherine Ellenberger George L. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) [(If yes give wer or dates of service) Betterman 6016 Lakeview Mrs.M. Irone IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ò OMBET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 35 PERFORMED? 2 NO 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form. 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not White Hour e.m. DIRECTOR: 3 should be de et work st work o.m. 21. I certify that (i) (this hospital) attended the deceased from 2 2 Clu, end that death occured at saw the deceased alive on. A. M., from the causes and on the date stated above, 22b. DATE 22e. SIGNAPURE ATTENDING SIGNED MED death. Page 4. DIRECTOR PHYS. PHY5. M.D. with # 22c. PHYSICIAN'S 22d_ADDRESS NAME (Type) W. Arthur /Darby director, be filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of sounty) REMOVAL ISpecify) Burial 10-1962 Woodlawn Woodlawn 24 FUNERAL DIRECTOR'S SIGNFAFURE 25a, REC'D BY REGISTRAR : 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 2 11.0 0 '62

that



TO HOSPITAL GENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs are early. Page 4 may be retained by the hospital or attending physician. TO MUNERAL MINECTIAN: After this certificate has been signed by the attending physician and committeely filled in by the Yummral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registror prior to burial, cremotian, ar remayal, and in any event within 72 hours after death.

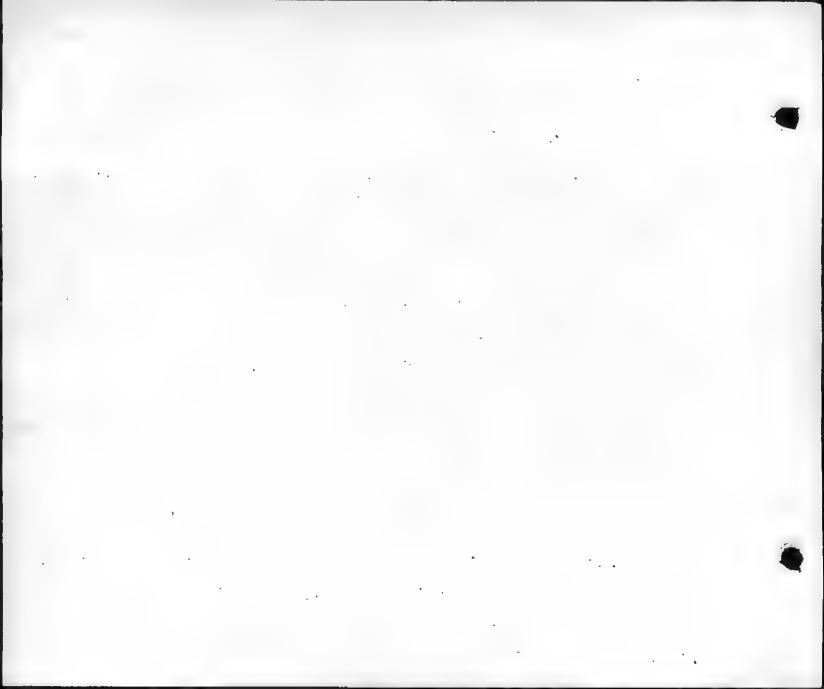
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04235 CERTIFICATE OF DEATH

Reg. Dist. No.04232

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and gray nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
BALTIMORE 28	DALTIMORE 311+				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
HOUSE IN JINES	MULERA APTS - LAKE DRIVE YES NO IN				
3. NAME OF DECEASED (Type or print) LAWRENCE G	Lost 4. DATE Month Day Year OF DEATH 4- 11- 1962				
	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
MALE WHITE WIDOWED DIVORCED .	May 24, 1884 Tyrs. Months Days Hours Min.				
100 USJA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	4				
RETIRED ATTORNEY	MISSOURI U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
POT KNOWN	NOT KNOWN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or ynknown) (If yes, give wor or dales of service)	NFORMANT Address				
	LMA KOSENBRUM - 903 LAKE DRIVE				
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Photographical	Trankenelien 1222				
DUE TO .					
Conditions, if any, which) (a Continuous Carolic - Vascular Diagon 10 mg.					
gove rise to immediate DUE TO					
lying cause lost. Column Column					
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO P				
	D. (Enter noture of injury in Part I or Port II of item 18.)				
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
Hour o. m. 19 While No! while of work of work	Jory, sheet, office blogs, etc.)				
21. I certify that I attended the deceased from 10:3	7 ., 1961 , to 4 - 12 -, 1962 that I last saw the deceased				
	occurred at 4				
on on the death	ADDRESS (Street, city or town, stote) DATE SIGNED				
SIGNATURE Wilmin K. Jalager	MD 6209 Fastinickan: 4-21-62				
PHYSICIAN'S WILDER K. GOLLZGOT M.D.	Ballinne 28 - Das.				
REMOVAL (Specify)	R CREMATORY 22d LOCATION (City, town, or county) (State) BREW B9L to:				
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
Jack Leuri Inc - 2100 Eutaw Place	DATE APR 16 62 Chithun 2. Thomas				



ADDRESS

F. C. Higinbothom Columbia Rd Ellicott City, Page APR 2 3 '62

OWARD

Day

Days

U.S.A

IS RESIDENCE ON A FARM?

YES NOX

1962

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

days

PERFORMED?

NO F

(Stella)

22b. DATE

(State)

YES X

(County)

actions, Maryland

arthur & thank

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Vene

五章 0

VR A15 (4)

15M 7/61

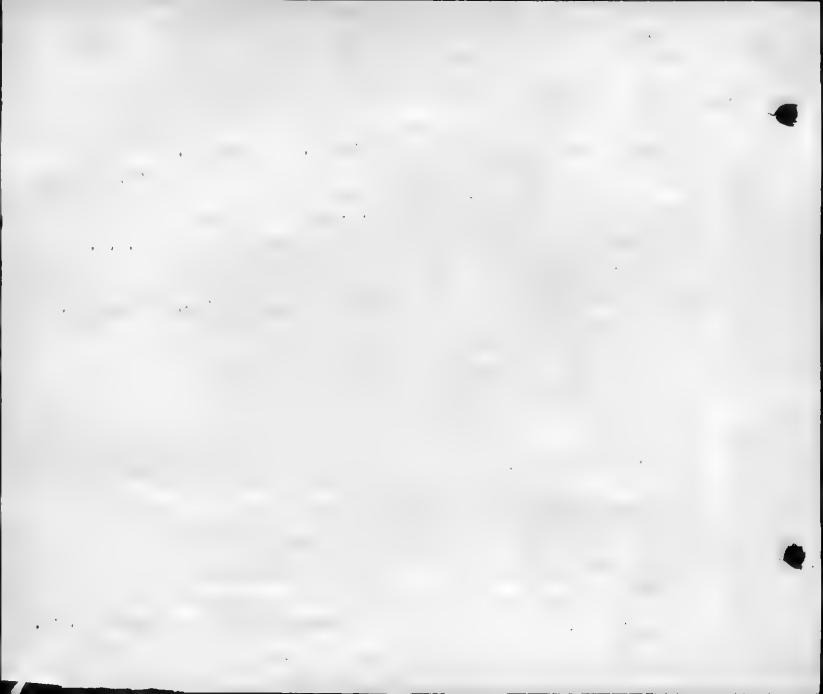
Burial

24 FUNERAL DIRECTOR'S SIGNATURE



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMI ERTIFICATE OF DEATH Item 14 Film u312 USUAL RESIDENCE (Whare dacessed lived, If institutions Residence before admission) I. PLACE OF DEATH a. COUNTY r files. Health, 6. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Garrison for your Bal timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar a. IS RESIDENCE ON A FARM? be retained the State B. Garrison Forest Road 275 S. Robinson YES NO 3. NAME OF 4 DATE Middle DECEASED OF KENNETH (Typa or print) FRANK MAGER DEATH 1962 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 1 2 with lest birthday) WIDOWED D. VORCED 14-1-1921 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uld be executed within 24 hours aft in pencil in Item 18. Give Pages 1, 2 done during most of working life, even if ratirad] yithin 7 Unemployed West Virginia U.S.A. Office along with form PM3. burial-transit permit, File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Hager Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas_no, or unkown) (Ifyesquyewarordalesofservice) Betty Lee Hager, 275 S. Robinson St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I DEATH WAS CAUSED BY: Lacoration throw at clust, lung ti IMMEDIATE CAUSE (a) Fractured upper gaw. Brupowood Fract. of RT. Patella Conditions, if any, which gave rise to immediate causa (a), stating the underlying PART II, OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19, WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremat Morre. NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Ham 18.) 20a EXTERNAL CAUSE WAS PRIMARY ME or CONTRIBUTING CAUSE OF DEATH. road 4struck 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) Month, Day, Yaar 20c. TIME OF INJURY (State) factory, street, office bldg , etc.) Not While -Barreson al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident X. Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER 8.2. Esplis ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) D. D. CAPLES Addr 228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Hummington W. Wa. 0 240 p Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59

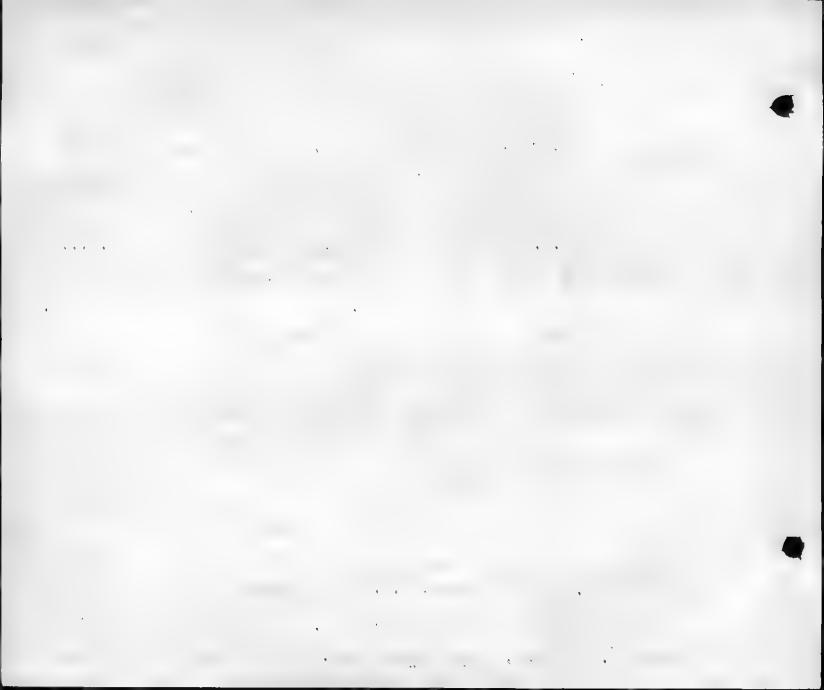
LARYLAND STATE DEPARTMENT OF HEALTH



12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04235
(M)	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY N 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
is after deat	write RURAL and give nearest fown) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE on A FARM:
papers, Pages in 72 hours after	SRING GROVE STAL STAL Prookfield Avenue VES NO [3. NAME OF DECEASED OF
n and completely e carbon papers. ent, within 72 ho	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED NOV. 20, 1881 108. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
g praystered in any ev	done during most of working life, even if retired) electrician 13. FATHER'S NAME U. S. 14. MOTHER'S MAIDEN NAME
ii. Then ples emoval, and emoval, and	John Hamilton Fannie ?
nas been signed by burial-transit peruial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) OUE TO Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause lost. OUE TO CENERALIZED ARTERIOS CLEROSIS
for use as the prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH
t; Affer in detached detached t; of Heali	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, facm, Pom. 19 2Dd. INJURY (Hom
in the State Dept	21. I certify that OI (this hospital) attended the deceased fromApril 9
TO FUNERAL director, page be filed with	NAME (Type) LORBITA Y. F. HSU Catonsville 26, Laryland 23e. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 24 Physical Directors Signature 24 Physical Directors Signature 25c. Registrar's Signature Address: Catonsville 26, Laryland Catonsville 26, Laryland St. Peters Competerv Baltimore Maryland Address: Address: Catonsville 26, Laryland St. Peters Competerv St. Peters Competerv St. Rec'd by Registrar 256. Registrar's Signature
A15 (4) M 9/60	The Lithur Sino It Venna Gire 17 DATE APR 23 '62 arthur & Kraus

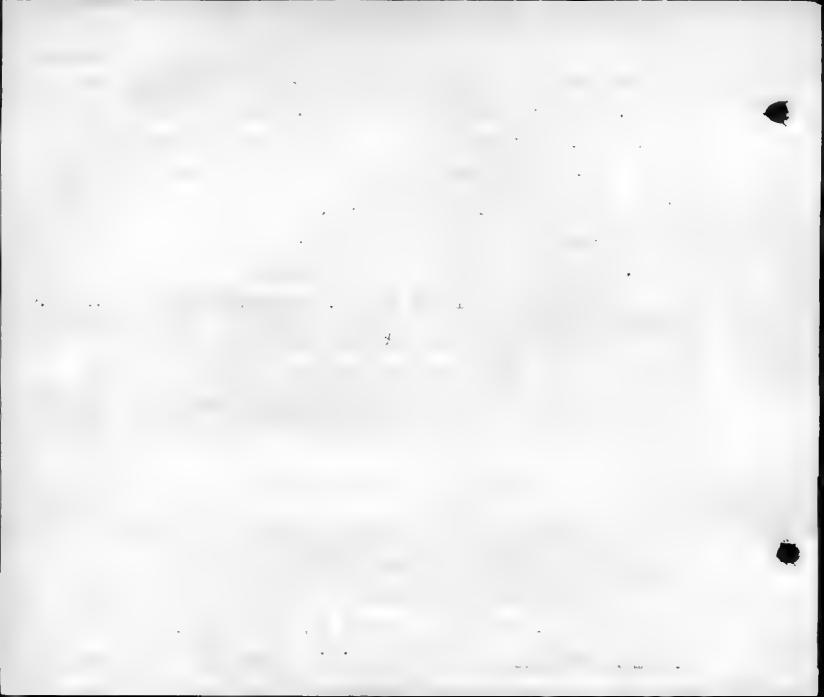


LAND STATE DEPARTMENT OF HEALTH STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. IISHAL RESIDENCE (Where deceased lived, if institution, Rasidence before admission) e. COUNTY b. COUNTY MARYLAND e. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (I outs'de corporate limits. c LENGTH OF STAY IN 16 write RURAL and give neerest town) Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO completel NAME OF Ysar DECEASED 62 (Type or print) DEATH AGE (In years 1 IF JNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) and W DOWED [physician 10a. USUA. OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working ...fa, eyen if red red) Ketirea 13. FATHER'S NAME please affending Thomas Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. (Yes, no, or unkown) (If yes g've were r detes of service) 8011 physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY certificate PERFORMED? 93 NO F 20a. ACCIDENT WAS JNDERLYING [] 20b, DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) lectory, street, office bldg., etc.) While Not While at work at work p.m. DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on 22b. DATE 22e SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS. PHYS. O HOSPITAL death Page 4 r 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Spegify) Ö.g. w Durial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APP 15M 9/60 Hartord



5 h .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMERER'S FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence Page and a. COUNTY b. COUNTY Maryland Baltimore Baltimore MARYLAND b. C TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm is write RURAL and give nearest fown) write RURAL and give nearest town) Mt. Washington Mt. Washington d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS e. 15 RESIDENCE ON A FARM? retained he State 120h Fairfield Avenue 120h Fairfield Avenue after YES NO TO 3. NAME OF Middle Last 4. DATE Month Day Yaar DECEASED OF HARRTS WILLIAM EARLE DEATH April 16 (Typ., or print) 1902 6. COLOR OR RACE T. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) Months. Hours Days M'n. White Male WIDOWED T D. VORCED March 6. 1896 1, 2, a ge 5 and 3 withi 18. Give Pages 1, 2, th form PM3. Page 5 mit. File pages 1 and 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) event Maryland USA Automobile Mechanic 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME YES. William T. Harris Delia Lawrence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO 17. INFORMANT Address permit. [Yes no or unkown] [[fryesgivawarordatasofservica] and Office along with burial-transit permi Harold J. MacMillan, 1314 Appleby Ave. Balto.9 Yes in Item 18. CAUSE OF DEATH [Enter only one cause per lue for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) Office DUE TO ö Conditions, if any, which "pending" | cremation, ď gave risa to immediate causa **DUE TO** 20 the word "pendin Medical Examiner" (a), stating the underlying nsed cause last. THE ARMINAL DISEASE CONDIT ON GIVEN IN PART 110 PART II. OTHER S GN FICANT CONDIT 19. WAS AUTOPS CERTIFICATION uld be u burial, PERFORMED? NO pinous 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury 'n Part | or Part | of tem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing to Chief A Page 3 s prior CAUSE OF DEATH. MEDICAL 2De. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, * 20f., City or town) Month, Day, Year (County) (State) factory, straet, offica bldg , etc.) While Not While Hour am. ## ## 2. 2. 2. al work at work OR 2 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion slease execute ...e certificate should be forwarded to FUNERAL DIRECTO designated Accident Surcide Homicide Undetermined manner death resulted from? Natoral causes ACTUAL ASSISTANT MEDICAL EXAMINER DATE-SIGNED SIGNATURE 4 DEPUTY DEPUTY MED CAL EXAM NER ò EXAMINER' NAME (Typ) Pleash TO FUA Health Address (Streat, city, town or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION.I. REMOVAL (Spacify) 0 1962 Baltimore National Cem. Burial Baltimore Co. Maryland
REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR AISME Burgee-Funeral Home 3631 Falls Rd Balto.Md. arthur S. Kraus 5M 1/62



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04239

K.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission)
1	BALTO. MARYLAND	BALTO BALTO
J	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Write RURAL and give nearest town) CATONSVILLE	X CATONSVILLE
*	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address)	d. STREET ADDRESS
	115 BEAUMONT AVE	1/5 BEAUM ONT AVE YES NO
	3. NAME OF First Middle	Lasi , 4. DATE Month Day Yaer
	(Type or print) ALICE MOVETON	HAYNES DEATH April 24 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1
	WIDOWED DIVORCED	170 G. 10, 10 1 X4 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY II. BIRTHPIACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	William D. moulton	I wille Callis
ر -	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	[Yas, no, or unkown] [If yes give was end al as of service]	to Isabelle Disher 115 Beaumonther
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN
		ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Temperalized (Q)	reignuatosis /UF,
	1 1/1) X DUE TO A	reinomatosis Tyt.
	1 1/1) X DUE TO A	
	Conditions, it any, which geve rise to immediate cause	V
	Conditions, it any, which gove rise to immediate cause (b). Carcinoma of	
	Conditions, it any, which geve rise to immediate cause (e), stating the undarlying DUE TO cause last.	Brest Trelated to the Terminal Disease Condition Given in Part I(a), 19. Was autopsy
}	Conditions, it any, which geve rise to immediate cause (e), stating the undarlying DUE TO cause last.	Bresst 5yrs.
}	Conditions, it any, which geve rise to immediate cause (e), stating the undarlying DUE TO cause last.	Brest Syrs Trelated to the terminal disease condition given in Part 1(a) 19, WAS AUTOPSY PERFORMED?
-de-	Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Breat OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ME
)	Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Entar nature of injury in Peri Lor Peri II of Itam 18.) ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stelle)
}	Conditions, it any, which geve rise to immediate causa (e), stating the undarlying cause last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CONTRIBUTING TO DEATH BUT NO CONTRIBUTING COURSE OF CONTRIBUTING CONTRIBUTING COURSE OF CONTRIBUTING CONTRIBUTING COURSE OF CONTRIBUTING CONTRIBUTING COURSE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE OF CONTRIBUTING CONTRIBUTI	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 10 Peril 1 of Peril 1 of Itam 18.)
A Para	Conditions, it any, which gave rise to immediate cause (e), stating the underlying DUE TO Course last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Entar nature of rojury in Peri I or Peri II of Itam 18.) ACE OF INJURY (Homa, farm, form, form, fory, street, office bldg., elc.)
1.0	Conditions, it any, which gave rise to immediate cause (e), stating the underlying DUE TO Course last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CONTRIBUTING TO DEATH BUT NO CONTRIBUTING	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO MARKET
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	Conditions, it any, which gave rise to immediate causa (a), stating the underlying DUE TO Ceuse last, PART II, OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of work of work of work of work. 21. 1 certify that (1) (this bossies) attended the deceased from saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) AMES R. GRABLLIME.	DIT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO MARKED NO MARKE
•	Conditions, it any, which geve rise to immediate causa (e), stating the underlying cause last. PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20e. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 at work et work et work 21. I certify that (I) (this bossies) attended the deceased from saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) AMES R. GRABILL M.	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DEPART NOTES
	Conditions, it any, which gave rise to immediate causa (a), stating the underlying DUE TO Ceuse last, PART II, OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of work of work of work of work. 21. 1 certify that (1) (this bossies) attended the deceased from saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) AMES R. GRABLLIME.	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DEPARTMENT NO D



by the funeral ours after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirning a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04240

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission)						
	Baltimore MARYLE	a. STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
1	Catons ville 7mth 15days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address							
	SPRING GROVE STATE HOSPITAL	4950 Tulip Avenue						
	3. NAME OF First Middle	Last 4. DATE Month Day Year						
	(Type or print) Leonard L. B.	Heron DEATH April 24, 1962 19						
	5. SEX 6. COLOR OR RACE 7. MARRIED EVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.						
	male white widowed by divorced							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	printer Retired	1 Scotland U. S.						
١	мижиникх John Heron	Mary Scott						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	17. INFORMANT Address						
	unknown unknown	Records: SPRING GROVE STATE HOSPITAL						
	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Nourrorea							
	EZIX DUETO COL LO COLLE							
	Conditions, if any, which (b) Closess of Farolid gland (left)							
	(e), stating the underlying DUE TO	V						
	Cause last. (c)	BUT NOT OF ATEN TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 16-1, 19 WAS AUTORY						
(PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?							
	20s. ACCIDENT WAS UNDERLYING 20st DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of term 18.)							
	OR CONTRIBUTING CAUSE OF DEATH OF ITE EITHER, NOTIFY MEDICAL EXAMINER)							
	0	Oe, PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stete) factory, street, office bldg., etc.)						
	p.m. 19 et work et work							
		from						
		d that death occured at from the causes and on the date stated above.						
	22e, SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED						
	22c. PHYS CIANS	M.D., PHYS. DIRECTOR PHYS. D						
	HAME TYPE JOSE R. ARIZAGH,	M.3 Catonsville 28, Nd.						
	REMOVAL (Specify)	ETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)						
		dge Cemetery Elkridge, Howard Co., Md						
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS XHXXXX Howard H. Hubbard, 4107 Wilkens	Avenue #29 DATE APR 2 7 '62 Cullus 8, Huns						



FOR STATE

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is essary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may, be retained for your files. TO FUNERAL BIRECTER: Page 8 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, meremoval, and in my event within 77 hourselfer death.

٧5. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04241 04241

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
Baltimore MARYLAND	a. STATE Md. Balto.			
b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town) Rei.sterstown	X Reisterstown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address)	d STREET ADDRESS			
Cherry Hill Lane & Reisterstown Rd.	Cockeysmills Road YES NO 57			
3. NAME OF First Middle	Lest 4. DRTE Month Day Year			
(Type or print) Benjamin H.	Higgs Sr. OF DEATH April 27, 19 62			
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male White WIDOWED DIVORCED	Jan. 24, 1894 68 yrs. Months Days Hours Mn.			
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Carpenter	Virginia USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Jacob T. Higgs	Barbara L. Painter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address			
No N	. Benjamin H. Higgs Jr. Owings Mills, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: Coronary Occlusio	onset and death 5 min.?			
4-20, 1 DUE TO				
Conditions, if any, which \ (b)				
gave rise to immediate cause				
(a), stating the underlying cause lest.				
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY			
none	PERFORMED? YES NO X			
\$ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)			
I HOHE HOHE				
9	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State)			
Hour a.m. none 19 Whila Not Whila at work at work at work	none			
21. I certify that I took charge of the remains described above, h	eld an Autopsy Inspection K., Inquiry X., and in my opinion			
death resulted from: Natural causes X, Accident , Sui	cide . Homicide . Undetermined manner			
	CHIEF MEDICAL EXAMINER			
SIGNATURE D. D. Caples	M.D. ASSISTANT MEDICAL EXAMINER			
	DEPUTY MEDICAL EXAMINER			
examiner's Name (Type) D. D. Caples, M. D. 6 Han	Address (Street, city, town, or county)			
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C				
Burial April 30,1962 Good Shep				
23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
J. F. Eline & Sons Reisterstown, Md.	DATELAY 1 '62 Cirthur S. Kraus			



TO HOSPITAL retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MADVIAND CTATE DEPARTMENT OF HEALTH DIVISIQN

	MARILAND SIAIL	DEPART	MENI OF RE	ALIR	
OF STATISTICAL	RESEARCH AND RECO	RDS, 301 W	. PRESTON STR	EET, BALTIMORE 1,	MARYLANI
1245	RESEARCH AND RECO	ATE OF	DEATH		0424

1	PLACE OF DEA	TH	-			IDENCE (Where decess		n: Residence b	refore admission
		Baltimore		MARYLAND	e. STATE	arvland	b. COUNTY Ba	ltimore	,
1	b. CITY OR TOWN	(if outside corporate line of give nearest town)	mits, c.	LENGTH OF STAY IN 16		WN (If outside corporete			
Ł	Dundal	Jc			X Dundal	k			
		PITAL OR INSTITUTION	(if not in hospital,	give street eddress)	d. STREET ADD	PRESS		1.	IS RESIDENCE
	6917 Ri	ldgeway			6917 R	idgeway		1	res No
3.	NAME OF	Fir	si .	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	ARTHUR			HILL	DEATH	April 3	0. 1962	19
5.	. SEX	6 COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		it (In years IF UND	ER T YEAR IF	UNDER 24 HRS.
	ale	White	WIDOWED [DIVORCED [June 20,			Days H	ours Min,
K	one during most of	ATION (Give kind of we working life, even if reti	ork 10b, KIND C	OF BUSINESS OR INDUST			gn country) 12.	CITIZEN OF W	HAT COUNTRY
	atchman-r				St. Lon	is. Miscour	i :	U.S.A.	
1/12	. FATHER'S NAME				14. MOTHER'S MA	is, <u>Miscour</u>	x** 5.	70 0 10 0 77 0	
7		F. Hill			Elizabe	th Estes			
15	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SOCI	IAL SECURITY NO. 17.	INFORMANT		Address		
				A	rthur J. A	lfeld 6917	Ridgeway		
		DEATH Enter only or	ne cause per line fo	or (a), (b), and (c).]	-1				AL BETWEEN
	PART I, DEA	ATH WAS CAUSED BY: MMEDIATE CAUSE	<u>, Co</u>	horan	Me	10000		ONSET	AND DEATH
	Conditions, if e	Conditions, if any, which) (b) Of Production (il. Cases 1) 3 1) 27							
	gave rise to immediate cause (a), stating the underlying DUE TO								
	cause last.	underlying J	:)						
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRIBL	UTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN .N P.	ART 1(e) 19, \	
CERTIFICATION								YES	PERFORMED?
H	20a. ACCIDENT	WAS UNDERLYING I	206. DESCRIBE	HOW INJURY OCCURE	D. (Enter neture of Inju	iry in Part I or Part II of it	em 18.)		
- 1	(IF EITHER, NOTIL	FY MEDICAL EXAMINER							
MEDICAL	20c. TIME OF IN				ACE OF INJURY (Home	e, form, 20f. (City or t	own) (C	County)	(State)
VED I	Hour e.m		While at work	Not While Pace	tory, street, office bldg	1., elc.)			
			oital) attended	the deceased from		19 (76 to	(4/4 3i .	10 (× that	(i) (wa) last
	saw the dece	ased alive on	aly 26	/ \		al	,		
	228, SIGNATURE	_	7		1				22b. DATE
	JELL	a ' h have	hourt	(ATTENDING PHYS.		TAFF HYS.		SIGNED
	22c. PHYSICIAN	5 100	1 1 K 4 A	15.11.	22d, ADDRESS	/ 1/ ,	1/ 0	1	7) 7
	NAME (Typ	"ETEPHE	NCITA	CKOWAIK	6714	Hotoles	d hey 1, 3	Il Nov Y	4 14d
23	a. BURIAL, CREMA	TION, 236, DATE TH	EREOF 23c	NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or co.	unty)	(State)
	REMOVAL (Special	May 1,	1962 S	t. Matthew's	Cemetery	St. I	Louis, Mis	souri	
24	FUNERAL DIRECT	DR'S SIGNATURE		ADDRESS	25a				
Ų.	LITICH FU	neral Home	Dundalk,	Md.	DAT	TE MAY 3 '62	Clothur	S. Huma	
P	m - manage a							. —	



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decreesed lived, If institutions Residence before edmission) e. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (if outside corporale I mits, E LENGTH OF STAY IN 16 c. CrtX OR TOWN (If outside corporele limits, write RURAL and give nearest town) Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RES DENCE ON A FARM? YES NO K completely Month DECEASED 22 1962 DEATH (Type or print) NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF LINDER 24 HRS. 6. COLOR OR RACE 9. last birthdey) WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please a attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT (Yes, no, or unkown) (Ifyes give wer or detes of service) physician. A8. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH been signed by IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve tise to Immediate cause **DUE TO** (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? NO A 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Pert I or Pert II of Item 18.) OR CONTRIBUTING _ CAUSE OF DEATH 20f. (City or town) 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Not While White et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 19.65 2 and that death occured at 7.120M, from the causes and on the date stated above saw the deceased alive on... DATE 22e. S GNATURE ATTENDING SUGNED IO HOSPITAL

death. Page 4 i

IO FUNERAL D

director, page

be file DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. Woodlawn,Maryland Lorraine Park Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE St. Paul Street, Baltimore 2 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wm. Cook, Inc., Circhary S. Hissis 15M 9/60



(4) '1 2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04247

CERTIFICATE OF DEATH

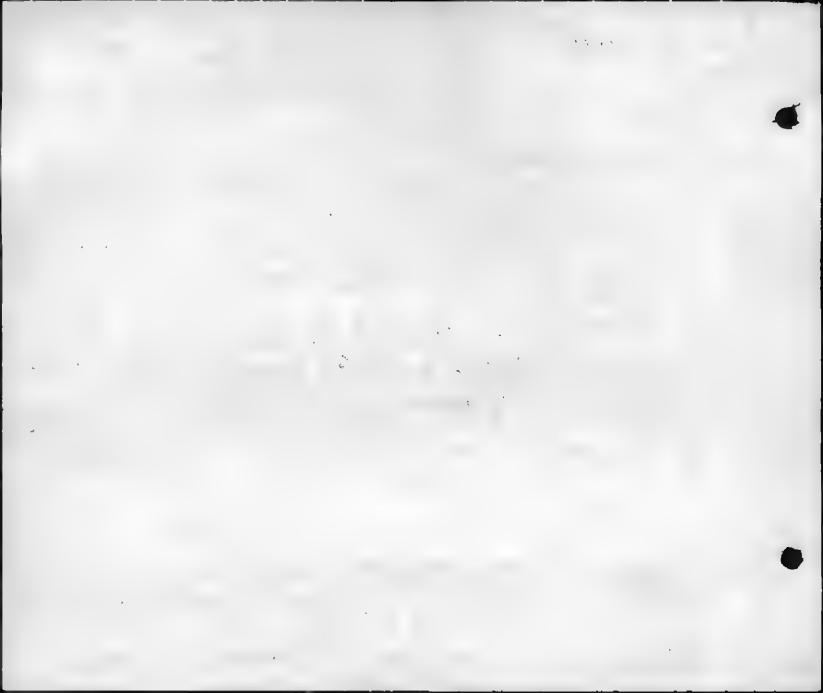
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ŀ	1 Or Odly An Howard						
١L	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. STATE b. COUNTY ()					
П	Baltimore Co. MARYLAND	Maryland					
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)					
	write RURAL and give nearest town).	X Baltimor e					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS					
	Wright Care Nursing Home	3411 Rolling Road					
ŀ	3. NAME OF First Middle	Last 4. DATE Month Day Year					
-	DECEASED	OF					
		ook DEATH April 21, 1962 19					
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last builded) Months Devs Hours Min					
-	Female White willowed X DIVORCED	1879 82 775.					
	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	At Home	Unknown U.S.A.					
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Unknown	Unknown					
1		INFORMANT Address					
1	(Yes, no, or unkown) (If yes give war or datas of service)						
-		frs. Blanche East+418 Stratford Rd.					
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
-	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) AD REFERED & CERVER CAUSE (b) AD REFERED & CERVER COLOR						
- [433 DUETO DICTOR						
	Conditions, if any, which governs to immediate cause (b) Anometric - precure in the concentration of the concentra						
-	ALIE YA						
	(a), starting the uncertying						
-	(1)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
	9	PERFORMED? YES NO C					
-	20% ACCIDENT WAS UNDERLYING 1 20%, DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of item 18.)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20% ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Lines heretie of injury in real to real to show to)					
-	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f, (City or town) (County) (State)					
	THOU S.III.	ory, street, offica bldg., atc.)					
-1		7/4 20/4 11/4 20/04/10/10/10/10					
1							
-	saw the deceased alive on	death occured et.6/M, from the causes and on the dete stated above.					
-1	11 8. 11 11.	ATTENDING MED. STAFF					
ı	220 arristativis un 17 Julia M	DIRECTOR PHYS. 22d, ADDRESS 4/23/6-2					
	NAME (Type)	STALL SALL AND A LOCAL					
ŀ	1 1 0 ht 6 - 12 12 11 11	- 6 24 Eller Mason Bur 12 V. VI HIL					
1	23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY (REMOVAL (Specify)						
V	Burial 4/25/62 Woodlawn C						
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE					
1	Ellsworth Armacost-4600LibertyHghts.	Avenue DATE APR 25'62 arthur S. France					



ON STREET, BALTIMORE 1, MARYLAND RESIDENCE (Where daceased lived, If institution, Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY e. STATE **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if ouls de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Catonsville davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 105 East Fort Avenue HO TITAL YES NO completely 3. NAME OF allen Henzenfirst Howark 4. DATE Middle Yabr DECEASED OP [Type or print] DEATH Allen Hook 1962 and cor 6. COLOR OR RACE 7. MARRIED IX NEVER MARRIED B DATE OF BIRTH 9. AGE (n years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours male white Dec. 14. W DOWED DIVORCED physician 10a. USUAL OCCUPAT ON (Give kind of work 1 105, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) U. S. unknown Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please George Hook Katherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] [If yes give wer or detes of sarvice] Records: unknown 1 STATE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) inderatie Cardiovascula rise to immediate causa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III), 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of nury in Part 1 or Part 1 of Item 18.) 20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 2Dd. INJURY OCCURRED 200. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., atc.) While Not While Hour am. et work et work 6.32 and that death occurred a 5.5 Whrom the causes and on the date stated above. saw the deceased alive on SIGNATURE ATTENDING SIGNED TO FUNERAL I director, page 3 be filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL (Spacify) 25 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 URUAL RESIDENCE (Where decrased lived, if Institution, Residence before admission e COUNTY b. COUNTY Carroll Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Hours 45 min. Westminster Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Box 123 RFD NO) Veterans Administration Hospital YES DATE Month DECEASED Served as: DAVID OF 1962 (Type or print) DEATH April HOOPER DAVID 6. COLOR OR RACE T. MARRIED THEYER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX Jast birthday) Months Houns October 16. White WIDOWED DIVORCED K Male 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Carroll County, Maryland U.S.A. Farm Farm Hand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Haines Reese Hooper 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | [Hyesgivewerordetesofservice) Clinical Records, VA Hospital, Fort Howard, Md. 215-18-4423 18. CAUSE OF DEATH lenter only one cause per the for (e), (b), end (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CURUNARY THROMBOSIS Hour IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gove rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY Peritonitis secondary to Appendiceal Abscess. PERFORMED? Pneumonia. NO X CERTIFICA 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port I or Pert II of Item 18) (51a(e) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Not While While at work | el work 21. | certify that N) (this hospital) attended the deceased from April 27 19.62 to April 27 19.62, that (N (we) last 27... 19 62..., and that death occured et 1.5.1.10, from the causes and on the date stated above. saw the deceased alive on ADM. 22b. DATE 22e. S GNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TYPO) JOSHUA SMITH, M.D. VA Hospital, Fort Hoard, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION REMOVAL (Specify) thany Cometery OREC'D BY REGISTNAR 24 FUNERAL DIRECTOR'S SIGNATURE

completely Page 2

and c.

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the

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signed

burial-transit

the Pur

certificate

L DIRECTOR: After 3 should be detach

FUNERAL

with #

TO FUNE director, p

VR A15 (4) 15M 7/61



filled in

and

physician

death

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signed

has

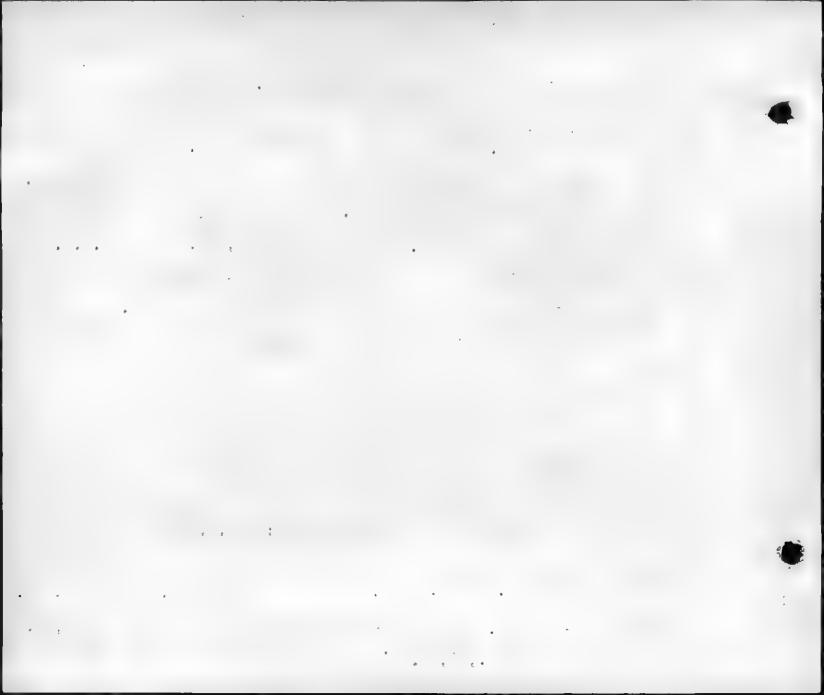
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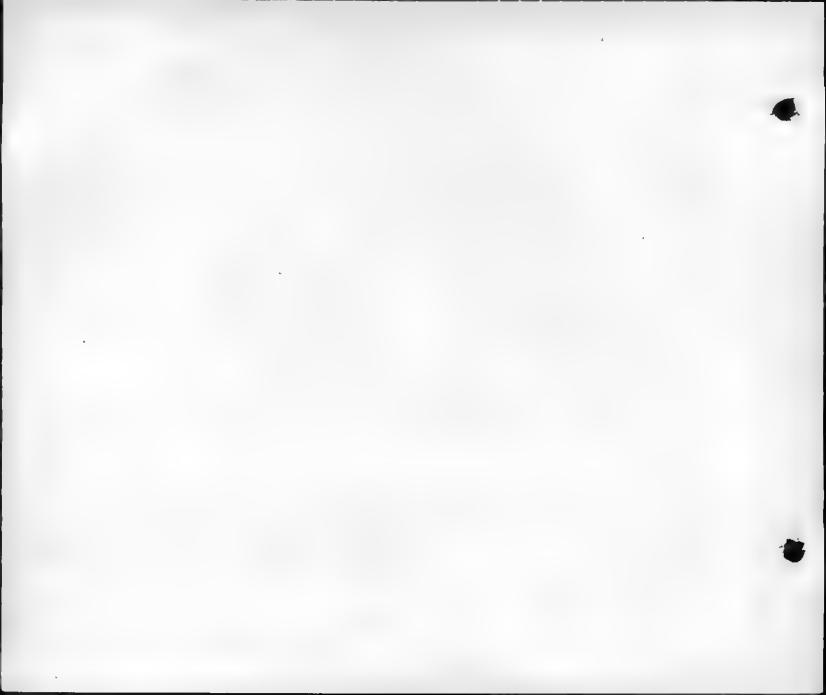
hospital

O HOSPITAL death. Page 4





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dis No. 249 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o COUNTY filed o. STATE _b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) RURAL and give nearest town? ONSVILLE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS YES [] NO 3 NAME OF Middle 4. DATE Month Lost DECEASED OF (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bushday Months Dovs Hours WIDOWED DIYORCED yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of yorking life even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 attending RALTO, 12, MC 18. CAUSE OF DEATH [Enter only one couse per line for (c) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (o) DUE TO exinclestis / deart ony Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item IB. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f (City or lown) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m Not while While of work of work p. m 21. I certify that I attended the deceased fram. 19_____that I last saw the deceased and that death accurred at 2 P.M. fram the causes and an the date stated above. ACTUAL SIGNATURE prior should FUNERA 220. BURIAL, CREMATION, 22b DAZE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOÇATION (City, town, or county) (Stole) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 DATE AND E



ENDING PHYSICIAN: The lam requires that the death certificate be executed within 211 hours of

TO HOSPITAL OF

VR A15 (4) 15M 9/59

Path Page 4

04253

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04250

1. PLACE OF DEATH BALT MIRE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY BALTO.
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) * RURAL - 610106ANN
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION DOGGOOD RU B64/964	BOL ALA - DOCHOOD RA ON A FAMA? YES NO
3 NAME OF BECEASED (Type or print) CHARLES HEVRY	HUMPHREY 4. DATE Month 29 19 62
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 7. 1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min
during most of working life, eyen if retired) GAP-DENIE GAP-DENIE	USTRY, 11. BIRTHPLACE (State or foreign country) MAPYLAND 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN HUMPHREY	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 I (Yes, no. or unknown) (If yes, give wor or dates of service) 2/6-07-40/0/	INFORMANT Address 11R, LUTHER HUMPHREY - DOGWCODPL-PALTITY
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY DEG MANE.R. HMMEDIATE CAUSE (a) DEG MANE.R. DUE TO Conditions, if any, which (b) HMMEDIATE N.S.	ATYVE HEART DISEASE SMOOTHS.
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> OUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e P Haur a m. p. m. 19 While Nat while at wark at wark	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on IRIL 24, 1967, and that	death occurred abi30 M, from the causes and on the date stated obove
Edun Apripent	M. D. ATTENDING MED DIRECTOR D STAFF HYS D 4/29/67-
EDWIN L. PIERPONT, M.O.	820 4 LIBERTYPA-BALTO, 7, 11A.
230 BJRIAL, CREMAT ON, 236 DATE THEREOF 230 NAME OF CEMETERY	
Burial 5-2-62 Good Shepher	
R.C. Highbothom, Ellicott City. Md	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased I'ved. I nstitution: Residence before edmission) a. COUNTY L. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) d. NAME OF HOSP, TAL OR INSTITUTION (I not in hospital, give street eddress, 3. NAME OF DECEASED Hup eld

NEVER MARK ED B DATE OF BIRTH (Type or print) DEATH 9. AGE (In yours - IF UNDER 1 YEAR, lest birthdey] | Months WIDOWED TXX DIVORCED Dent 10%. JSUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) done during most of working life, eyen if retirad) Housewire s aftending pt Then please r oval, and in a 13. FATHER'S NAME removal, (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) signed by the 18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE [6] DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20f. (City or town) (County) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. el work et work 3 should be del 21. I certify that (I) (th's hospital) attended the deceased from....... 19.62 and that death occurred a 5.2...M, from the causes and on the date stated above saw the deceased alive on... ATTENDING PHYS. DIRECTOR O HOSPITAL death. Page 4 I TO FUNERAL 1 director, page 3 be filed with the 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town REMOVAL (Spacify) ameteru Durial

ON A FARM?

IF UNDER 24 HRS.

S LINE

PERFORMED? NO

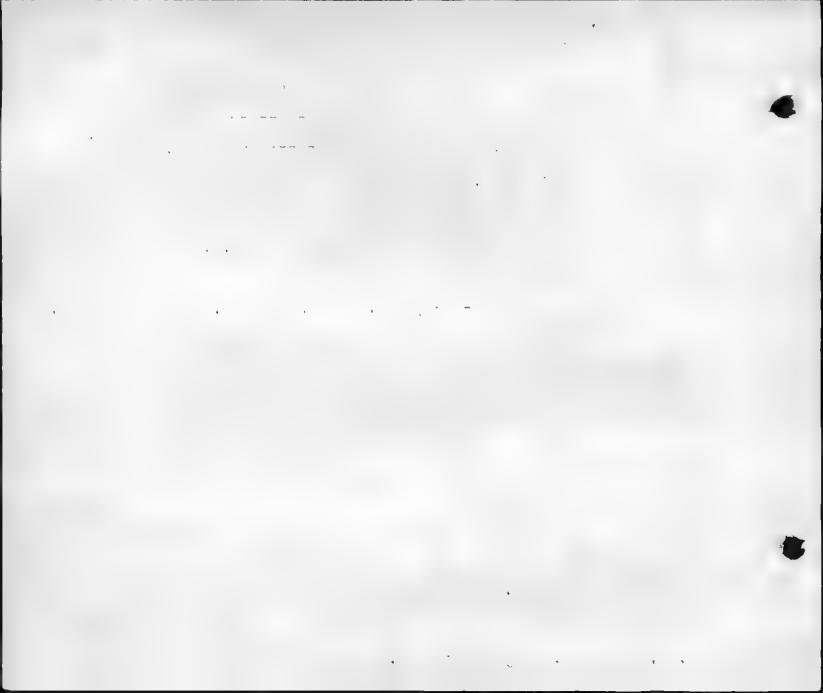
(Stafe)

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Cirthur 9 #

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) 15M 7,61

	MAKILANU :	IAIE VEPAI	CIMENI OF	REALIR	
DIVISION OF STATISTIC	AL RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BALTIMO	RE 1, MARYLAND
04255	CERT	CIEICATE O	F DFATH		0.7

L					
1.	PLACE OF DEATH	1			itution: Residence before admission)
1)	Baltimore	MARYLAND	. STATE Marylan	b. COUNTY	Direct .
ř-	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		de corporate limits, write RU	JRAL and give neerest town
	write RURAL and give nearest town) Fort Howard	Ol Dove	Cambrid	CO.	1312 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Days pital, give street address)	d. STREET ADDRESS	Re	e. IS RESIDENCE
	Veterans Administration	Hospit al	ll Ceme	tery Ave	YES NO
3.	NAME OF PURSE (Type or print) WILLTAM	Leroy H		PATE Month	Doy Year 3
5.	SEX 6. COLOR OR RACE 7. MARRIES	NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years IF I	UNDER 1 YEAR IF LINDER 24 HRS.
	Male White WIDOWE		September 9, 19	15 Hast bighday) Mi	onths Deys Hours Min.
HC d	one during most of working life, even if retired)		Y 11. BIRTHPLACE (County & 5	itate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L.,		Self employed	Preston, Mar		USA _
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	William Hurlock		Ida F. Blade	S	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 es, no, or unkown) [(Ifyesgive war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Ι.		8-03-5903 Cl	inical Records	Veterans Adm.	Hosp. Ft Howard
-	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY SQUAT	MOUS CELL CARC	INOMA RIGHT LUN	G WITH METAST	PASES ONSET AND DEATH
	11 2	HORACIC WALL A		***************************************	UNKNOWN
	Fr.				
	Sava Lize to immediate cares	MONTA, BILATER	ALL		4 days
	(e), steting the underlying				
l_	cause last. (c)	PRINCIPAL TO SEATH BUT ALC	A DEL ATER TO THE PERSONAL D	STAFF COMMINAN COURS	IN SAFET 1 30 BUAGA TORCY
호	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	A KETALED TO THE TERMINAL D	SEASE CONDITION GIVEN	PERFORMED?
3	- P				YES X NO
CENTRICATION	206. ACCIDENT WAS UNDERLYING [20b. DESI OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DRIBE HOW INJURY OCCURED.	, (Enter nature of injury in Part I o	pr Pert II of (tem 38)	
3	20c. TIME OF INJURY Month, Day, Year 20d. I			Of. (City or town)	(County) (Stete)
MEDICAL	Hour e.m. While	71401 1111110	ory, street, office bidg., etc.)		
1	p ₄ m ₁ 12]	<u> </u>	March 26 106	2 . Annil 10	, 1992, that (4) (we) last
	21 certify that (f) (this hospital) attend	led the deceased from t	6:45.	6 1000 / Autoritation	d on the date stated above.
		1924, and that	death occured atM	, from the causes and	
	220 SIGNATURE	L .	ATTENDING MED.	STAFF	22b. DATE
	7	T M	.D. PHYS. DIRECT	OR PHYS K	4/20/02
	22c. PHYSINAN'S NAME (Type)				
_	SEBASTIAN_RUSSO	. M.D.	VAH F" HOWAR		
23	B. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		d. LOCATION (City, town	or county) (Stele)
	Burial April 23,1962	Washington Ce		Hurlock, Mar	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGIST	
	J.J.Framptom and Son, Fede	ralsburg, Mary	land DATEAPR 2	3 '62 C XL	un S. Kround
•					



		Item 18 Film 312 5-1 MARYLAND STATE DEP	ARTMENT OF HEALTH
- I		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 04256 CERTIFICATE	OF DEATH 04253
funeral	M	i. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) STATE
# 2 # ()	3	Baltimore MARYLAND b, CITY OR TOWN (f outside corporete limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ages 1 and s after de	12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d Street Address
stelly fi		Rosewood State Training School J. NAME OF DECEASED Rosewood State Training School	Route 2 Last Part Month Day Year OF
omple omple in 7		(Type or print) Michael Eugene	HYSER DATE OF BRITH 9. AGE (In years (IF UNDER 1 YEAR, IF UNDER 24 HRS.
and o		WIDOWED D. VORCED	8/12/61 last birthdey Months Days Hours Mo.
cian i		Male White 10a. USJA. OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. B.RTHPLACE (County & State, or foreign country) 12. C.TIZEN OF WHAT COUNTRY
ohysic remo		dependent none	Gettysburg, Pennsylvania U.S.A. 14. MOTHER'S MAIDEN NAME
ding gling gling in din	T	Fred Leroy Hyser	Betty Fogle (Hyser)
al ar		15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (lifyesgivewarordatesofservice)	
the a		18. CRUSE OF DEATH [Enter only one ceuse per l.ne, for (e), (b), and fc),	Rosewood Records, Owings Mills, Maryland
sician d by permi		PART I. DEATH WAS CAUSED BY. asper at in	breumma Ind Lay
phy igned nsd p		Conditions if any which a Due to Out ha Cation	101 / all Traidant
riaw nding een s al-tra rema		gave rise to 'mmediate cause	13
after has b buri		Cause last.	lié condition
IAN: tal or cafe l as the	(19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T RELATED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO
nospi ertifi use		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NIJRY OCCURED.	(Enter nature of injust in Part i of Part II of item 18.)
the		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
After After fache		Hour e.m. While Not While factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) rry, streat, office bldg., etc.)
COR: OR: oe de		p.m. 19 of work all work 21. I certify that (I) (this hospital) expended the deceased from.	17 Cepred, 1967 to 26 bect, 196, that (1) (we) las
be related to the part of the		saw the deceased alive on 20 1962 and that	death occured at
DIR DIR Sho		Luna B. Butter M. D.	ATTENDING MED. STAFF 20 Clase (S.GNE
HOSPITAL path. Page 4 FUNERAL irector, page filed with th		22c Physician 9 NAME (Typy)	22d. ADDRESS
OSPI Pa JNE JNE OC, P	1	Harry G. Butler	DR CREMATORY , 23d. LOCATION (City, lown or county) (5tate)
death.	1	REMOVAL (Specify)	Presbyterian Cem. Taneytown. Carroll. Md.
VR A15 (4)	6	24 FUNERAL ON TORS SURMA THEE COLOR ADDRESS	25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 9/60	Y	(1) triss How Janeyloring	Med . DATE APR 23 '62 C 1 1 1 2 Kraus



filled in b

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physician please Tenapve

aftending

signed by

requires that the death certificate be

	ARCH AND RECORD	EPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIM TE OF DEATH	ore 1, marylan 04254
i. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If a. STATE b. COUNTY Land	
b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) Fort Howard	11 Days	c. CITY OR TOWN (If outside corporate limits, write Baltimore 2	RURAL and give neerest to
d. NAME OF HOSPITAL OR INSTITUTION SEnat in ho	rollal situa stenat adelense)	A STREET ADORESS	a 15

edmission) RESIDENCE ON A FARM? Veterans Administration Hospital 716 Aisquith St. YES NO DO 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) Charles DEATH Ingram April 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (in years IF UNDER 1 YEAR JE UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Male Negro WIDOWED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Lunenburg Co., Virginia Laborer 13. FATHER'S NAME MOTHER'S MAIDEN NAME James Hester Stokes Anthony Ingram 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or deles of service) Records, VAH, Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. RECENT PULMONARY EDEMA IMMEDIATE CAUSE (a) **DUE TO** TINK NO. IN gave rise to immediate cause **DUE TO** (a), stelling the underlying UNKNO IN PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE 19. WAS AUTOPSY CENTIFICATION PERFORMED? 文 NO [200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) Month, Day, Year factory, street, office bidg., etc. Not While While el work al work 1962 to April 27 1962 that (K (we) last 21. | certify that XI) (this hospital) attended the deceased from APTI .19.62., and that death occured at 9.3394 saw the deceased alive on ADTIL from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) VAH, Fort Howard, Maryland 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore National Baltimore 28. Maryland 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

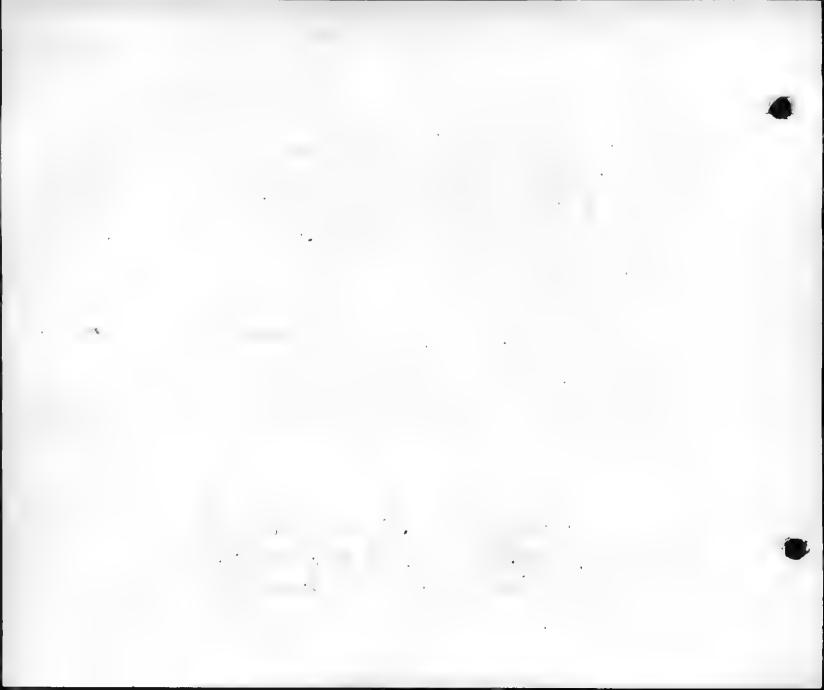
Baltimore 17, Maryland

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as the burial-transit effending has been þ certificate After this DIRECTOR plnous director, page 3 be filed with the death. Page 4 0

VR A1S (4) ISM 7/61





ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04260 CERTIFICATE OF DEATH should I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institutions lesidence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN of outside comprate/limit E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write R. IRAL and give nearest town) e. IS RESIDENCE OR INSTITUTION (if not in hospital grive street addgess) d. NAME OF HOSPITAL ON A FARM? YES NO mpletely. NAME OF DATE DECEASED OF DEATH (Type or print) and cor 6. COLOR OR RACE 17. MARRIED AGE (In years | IF UNDER I YEAR IF JNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during mg of working life of an if retired) 1.12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore an country) 13. FATHER'S MAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES [Yes, no, or unknwn] : ([[yes give wer or dates of service]) 18. CAUSE OF DEATH linter only one cause þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) te has been signe the burial-transit DUE TO Conditions, if any which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. certificate PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO CERTIFICA 20e ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW IN URY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s, PLACE OF INJURY (Home, farm, 1 20f. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: 3 should be de at work at work 21 I certify that (I) (this hospital) attended the deceased from ... Clare .. 196.2, and that death occured at 114M, from the causes and on the date stated above. saw the deceased alive on DATE 22e. SIGNATURE MED STAFF SIGNED ATTENDING death. Page 4 TO FUNERAL 1 director, page 3 be filed with the DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City, town or county) (Stete) 23a, BURIAL, CREMATION, 23b DATE THEREOF, 25a, REC'D BY REGISTRAR VR A15 (4) 15M 7/61

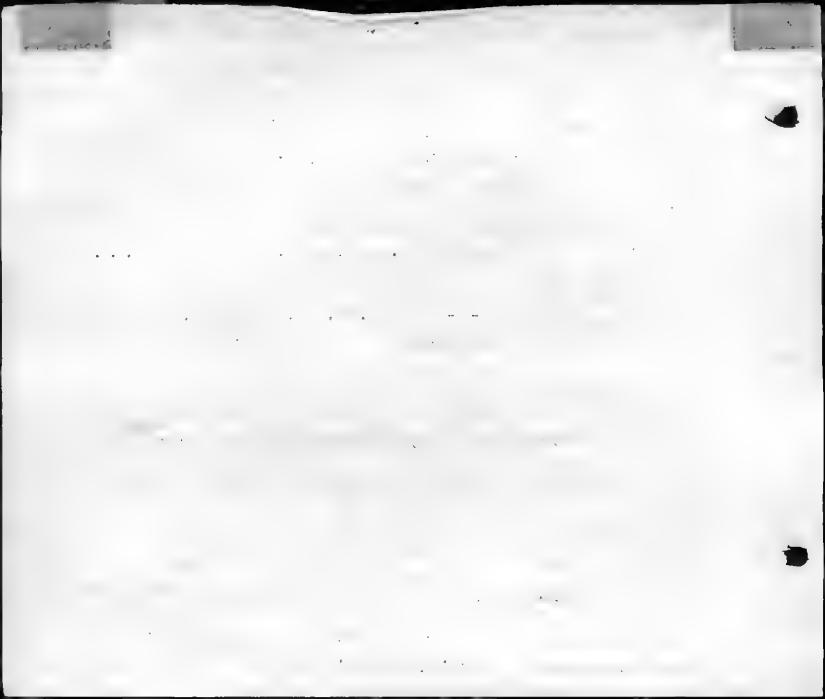
STATE DEPARTMENT OF HEALTH



1SM 7/61

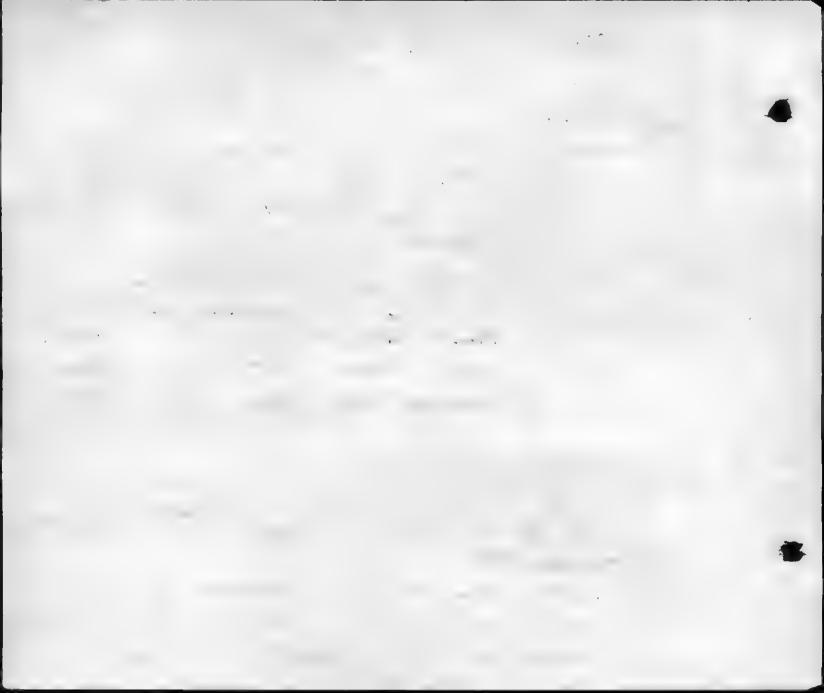
Y		UEZO1 CERTIFIC	CAT	E OF DEAT	H.	04258		
		PLACE OF DEATH			CE (Where deceased hved, if Institu	ulioni Residence before edmission		
		Baltimore MARYLA	1375	a. STATE Marv	land b. COUNTY	para.		
	-	b. CITY OR TOWN (if outside corporata limits LENGTH OF STAY			f outside corporate limits, write RUR	IAL and give neerest town)		
		write RURAL and give nearest town)	_			2411.4		
1	-	Fort Howard 13 Day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	7S	d. STREET ADDRESS	imore	I IS RESIDENCE		
0		'e	"		T 0	ON A FARM?		
	2	Veterans Administration Hospital	_ 11	1409 г.	Lafayette Avenu			
		DECEASED		Last	OF	Day Yeer		
		(Type or print) FLETCHER (NMI)		JACOBS	DEATH APRIL	9 19 62		
	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8.	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS. nths Deys Hours Min.		
		Male Colored widowed DIVORCED		11/27/05	156 yrs. 1	1		
	10a do	s. USUAL OCCUPATION (Give kind of work need uring most of working life, even if retired)	NDUSTRY	11. BIRTHPLACE (Coun	ly & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY		
		Janitor Rubber Tire Co	0.	Live Oak,	Florida	U.S.A.		
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
.]		Robert Jacobs		Cora	Bush			
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15, no, or unknown) ((liyesgivewerordelesofservice)	17. IN		Address			
	110	Y es WW II ,719-10-0077	Clir	Rec. VAH.	Fort Howard, Mar	Tra for		
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]			· at von alay 12al	INTÉRVAL BETWEEN		
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE [6] MYOCARDITIS				ONSET AND DEATH		
		HAD DUE TO						
		gave rise to immediate cause						
		(a), steting the underlying DUE TO				(
	-	Course last. [c] PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	RHT NOT	BELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN II	N PART LAU 19 WAS AUTOPSY		
5	GRIFFICATION					PERFORMED?		
^,	5	Hypostatic Bronchopneumonia, right; Pheochromocytoma left adrenal YES X NO]						
	ERTI	OR CONTRIBUTING CAUSE OF DEATH	ÇURED,	(Enter nature of injury in I	'art I or Peri I' of Item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				_		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 21 Hour e.m. WhileNot While		E OF INJURY (Home, farm y, street, office bldg., etc.		(County) (State)		
	WEI	p.m. 19 at work st work						
		21. I certify that (I) (this hospital) attended the deceased	from	3/27	1902 to 4/9/	., 19.62, that (1) (we) las		
		saw the deceased alive on	d that	death occured et	M. from the causes and	on the date stated above		
		22a, SIGNATURE			100-2	22b, DATE		
		1 James	1 M.D	DI DI C	AFD. STAFF PHYS.	4/10/6		
		22c. PHYSICIAN'S		22d, ADDRESS				
		NAME (Type) SEBASTIAN RUSSO, M.D.		VA HO	SPITAL, FORT HOW	ARD, MARYLAND		
	23a	BURIAL, CREMATION 236, DATE THEREOF 23c. NAME OF CEM	ÉTERY O	R CREMATORY	23d. LOCATION (City, town or	county) (Stele)		
1		Burial 4/15/62 Baltimor	e Na	ti onal	Baltimore	, Maryland		
V	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS			D BY REGISTRAR 256. REGISTR			
1		3129 N. Garo	line	St. APP	11 '62 when a	and the second s		
	1	lliott Funeral Home Baltimore, M	Bryl	and loan				

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS; 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b. COUNTY guitaide comparete I mills, write RURAL and give nearest town! . IS RESIDENCE ON A FARM? YES NO (Typa or print) IF UNDER 24 HRS. 5. SEX Months Days physician 12. CITIZEN OF WHAT COUNTRY? 10b. KUND OF BUSINESS 13. FATHER'S 14. MOTHER'S MAIDEN NAME please ding affend ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) ! (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, Enter nature of in very in Part I or Part II of Itam 18.) 2De. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work to apr 21. I certify that (I) (this hospital) attended the deceased from... , and that death occured at M, from the causes and on the date stated above. saw the deceased alive on (22b. DATE 22a, SIGNATUR ATTENDING SIGNED STAFF PHYS. PHYS. DIRECTOR death. Page 4
TO FUNERAL 22d. ADDRESS 22c. PHYSICI HO director, REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH	MARVIAND
*	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	04250
M	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown) ATO ALTO LENGTH OF STAY N 1b CATONSVILLE 2. USUAL RESIDENCE (Where deceased lived, If institution as STATE of Country of Cou	ALTO.
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, 3 STANLEY DRIVE NAME OF DECEASED (Type or print) A DAH D TOHNSON d STREET ADDRESS 3 STANLEY PRIVE Month OF DEATH APPIL	a. IS RESIDENCE ON A FARM YES NO DOY Year 6 19 62
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1/8 9. AGE (In years IF UND last birthday) Month WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. W. W	
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown): (If yes giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per I no for [a] (b), and [c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DJE TO DJE TO	Allords INTERVAL BETWEEN ONSET AND DEATH
J	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FOR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	3 2000 PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO 1
	20c. TIME OF INJURY Month, Day, Yaar Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or fown) factory, street, office bldg., atc.]	(Stata) 1962 that (1) (we) to the date stated above
1	22a. SIGNATURE Colected Staff Phys. Director Phys. 22c. Physician S Name (Type) Phys. 22d. Address	22b. DATE SIGN
B	REMOVAL (Spacity) 4/9/62 Lorrance Park Bacto. Co-	. md.



MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town Catonsville hours after Baltimore Pages d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? South Beechwood Avenue YES NO Tright Care and Nursing Home NAME OF DATE Middle DECEASED OF DEATH (Typa or print) 19 April Jones 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Devs Hours WIDOWED IC DIVORCED | Sept. Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Scranton, Pa. USA Retired Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John S. Jones Margaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yas, no, or unkown) (if yes give were redetes of service) Mr. Robert A. Jones-1 South Beechwood Ave. 11.0-20-0100 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DE TH WAS CAUSED BY: CERSHABL UPSEURK MEROCE MMEDIATE CAUSE (a) DUE TO AR FERIOSOLIANIE CUP. Conditions, 1 eny, [b] geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) | 19. WAS AUTOPSY PERFORMED? NO 20a. ACC DENT WAS UNDERLYING I 20b. DESCRIBE HOW INIURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work D. In. 21. | certify that (I) (this hospital) attended the deceased from..... 3 should .. 19.6.7, and that death occurred at 2018 from the gauses and on the date stated above. saw the deceased alive on..... DATE 22e, 5 GNATUE SIGNED ATTENDING PHYS. PHYS. DIRECTOR O HOSPITAL death. Page 4 r O FUNERAL I director, page 3 be filed with the M.D. 22d. ADDRESS NAME (Type) director, be filed 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washburn Street Cemetery | Scranton, Pennsylvania 4-14-62 Removal 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Cickling & Thanks 15M 9/60

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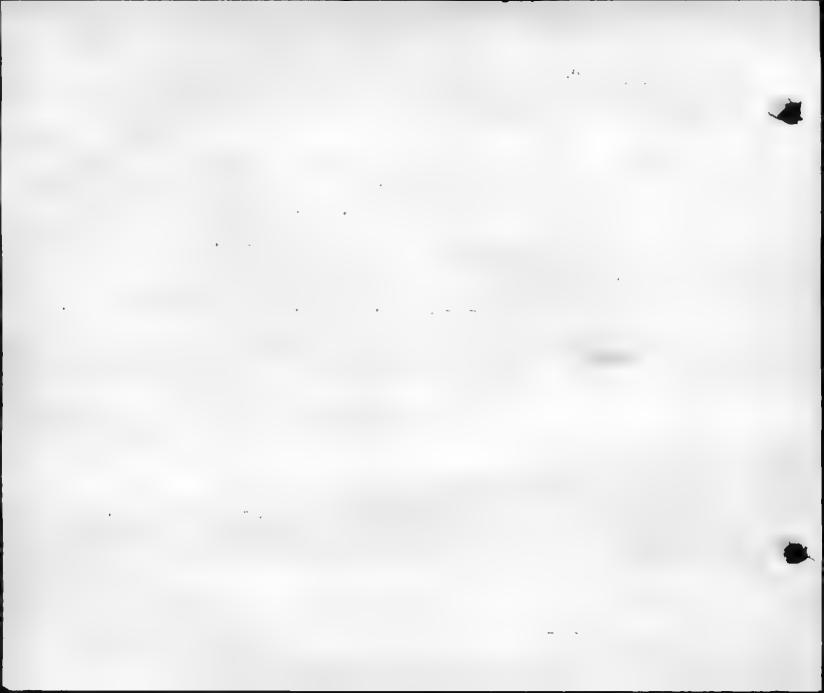
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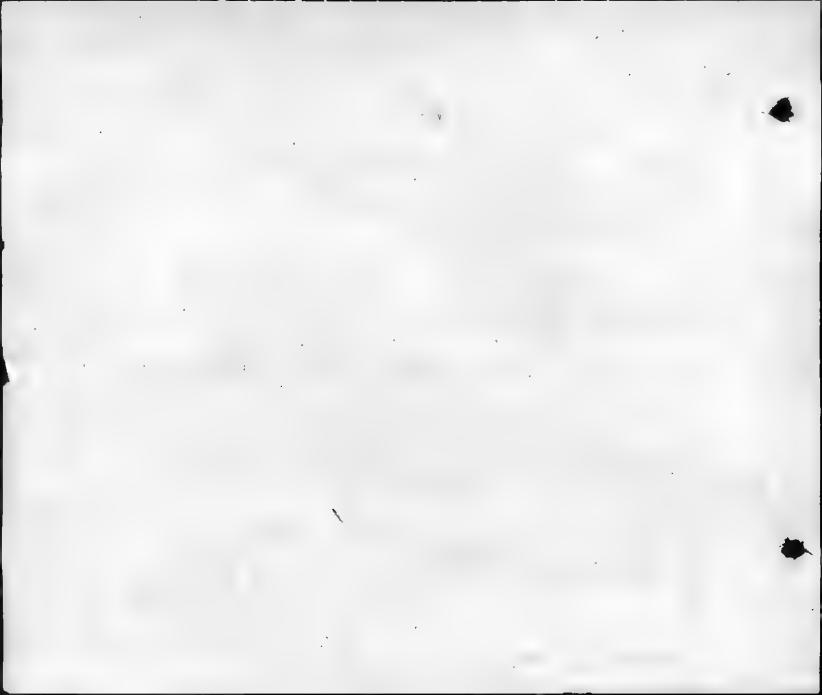


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04261

-	Itom 2FilmG512 5/7/	(6) duly
A	I. PLACE OF DEATH a. COUNTY Dal to	2. USUAL RESIDENCE (Where deceased livad, if institution: Residence before admission) o. STATE Md b. COUNTY Balto
7	b. CITY OR TOWN (if outside corporals limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)	d. STREET ADDRESS Bradshaw A IS RESIDENCE
	Ivy Hall Nursing Home	149/ Hettison Avenue/; VES NO I
	3. NAME OF First Middle DECEASED (Type or print) Edith	Jones Deate 4 30 1962
	Formal of Maritia	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y II. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Housewife 13. FATHER'S NAME	Baltimore Md USA
	Unknown Smith	Edith Unknown
)	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or detector service) No No No	r Charles Jones 4214 E. Joppa Road (36)
	18. CAUSE OF DEATH [Enter only one cause pop line for (a), (b), and (c).] PART (, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTOMATY	orlusion Sudden diseas 5 yrs
j	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF CAUSE	, (Enter nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Home, farm, '20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on	death occured al
1	22. PHYSICIAN'S NAME (Type G M. BOUM GOYD NEV	D. ATTENDING MED DIRECTOR PHYS. 1226. ADDRESS 226. ADDRESS 226. ADDRESS ATTENDING MED STAFF PHYS. 14/30/62
	23a. BURIAL, CREMATION 23b. DATE THEREOF / 23c. NAME OF CEMETERY CREMOVAL (Specify) 5-3-1962 Salem Methode	Md
4	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Time enal thorne 740; Belo	St Genetery Bradshaw 255. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. DATEMAY 2 '62 Calling & Knows

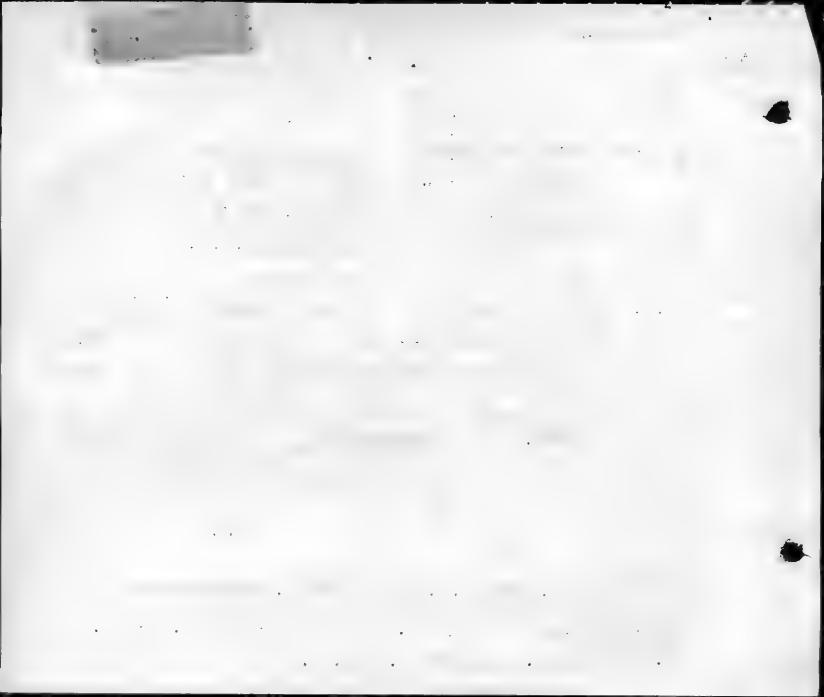


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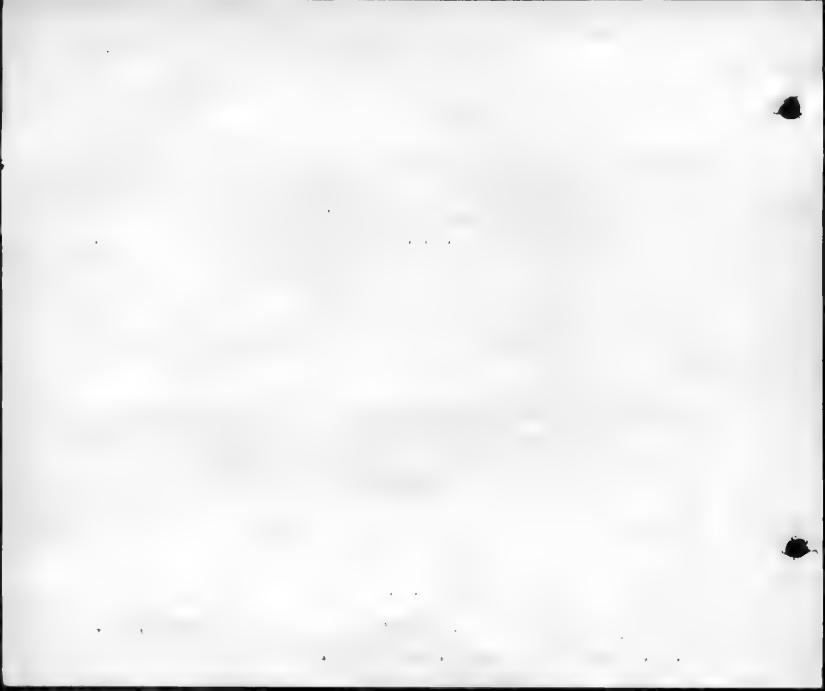
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
0.1262

			<i></i>				
1. PLACE OF DEATH		Br .			stitution: Residence before admission)		
Baltimore		MARYLAND	Maryland	b. COUNTY			
b. CITY OR TOWN (if outsi	de corporata limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write R	RURAL and give necrest lown)		
write RURAL and give		77 days	Baltimor	20	4		
d. NAME OF HOSPITAL O			d. STREET ADDRESS		. IS RESIDENCE		
			1722 Daw	alu Accama	ON A FARM?		
3. NAME OF	ministration	Widdle	rast T(2) LET	k Avenue	Dey Yeer NO		
DECEASED				OF			
(Type or print)	ALAN		CLIEY	DEATH April	26 1962		
_	OLOR OR RACE 7. MARR	_	DATE OF BIRTH	last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
	hite www.		ecember 31,	1894 67 ym.			
10s. USUAL OCCUPATION (of done during most of warking)	Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y IT. BIRTHPLACE (Coun	ety & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Machinist		val Gun Factory	Washir	gton, D. C.	USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Franklin Kel	ley		Mary Turnh	augh			
15. WAS DECEASED EVER IN	U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1		cal Records	A Hospital		
Yes, no, or unkown) (Hyesgi	TO MOI OI COLOS OI SOL TICO)	12-03-4264	Fort Howard,	,	- management		
	Enter only one cause per		1010 Howard	Yaca Jaconia	INTÉRVAL BETWEEN		
PART I, DEATH WA	S CAUSED BY, PIII	MONARY INFARCT	ON		ONSET AND DEATH RECENT		
11 / / / /	MATE CAUSE (a)		The second secon		2224		
	CONTRIBUTE ARTERIOSCIEROTIC HEART DISEASE UNKNOWN						
	Gave rise to immediate cause						
(a), stating the underly	ing DUE TO						
cause last.	J (c)			ALL SIGNAS COMPITION SHIP	The sales and a second		
PART II. OTHER SIGN	HICANI CONDITIONS CC	MIKIBUTING TO DEATH BUT NC	I RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?		
		ENCEPHAI			YES TO NO		
3 PULMONARY EN 20a. ACCIDENT WAS UP OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING MEDICAL CONTRIBUTION OF CONTRIBUTION O	NDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.}			
	CAL EXAMINER						
20c. TIME OF INJURY Hour a.m.			CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)		
Hour a.m.	Whi	1401 1111111111111111111111111111111111	ory, snew, onice bidg., etc	'			
	(this hospital) atte	nded the deceased from.	ebruary 8,	1962 to April 20	, 1908., that (I) (we) last		
saw the deceased a	Anri	6 10 62 and that	death occured at IC		nd on the date stated above		
220 SIGNATURE	2	james and mar	Geam Occaron Gran		22b. DATE		
	7	. 0		MED, STAFF	4/26/62 SIGNED		
22c. PHYSICIANS	mac 4	salean_	22d, ADDRESS				
NAME (Type) THO	MAS F. CRAHA	N, M. D.	VAH, FT.	HOWARD, MARYLA	AND		
23a, BURIAL, CREMATION,	736 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown	or county) (State)		
REMOVAL (Specify)							
Burial	4-30-62	Balto. Na	tional Cemet	O'D BY REGISTRAR 256, REGIS	laryland.		
MITTOOK DIT	Sur Tuc. On	9 Harford Rd. E	ALTO. LAPATE EL	AY 2 162 Cus	Ing S. Kraus		



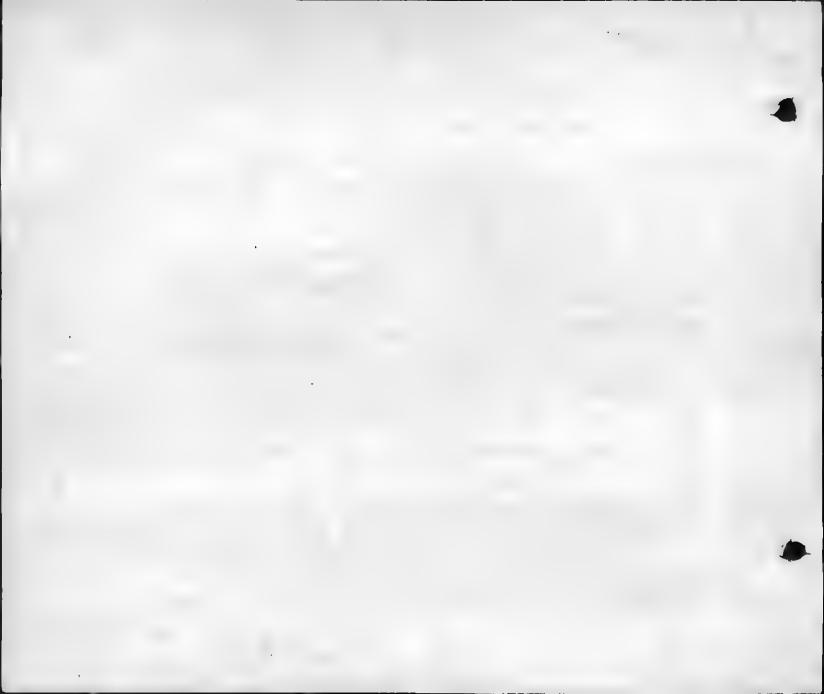
MARYLAND STATE DEPARTMENT OF HEALTH



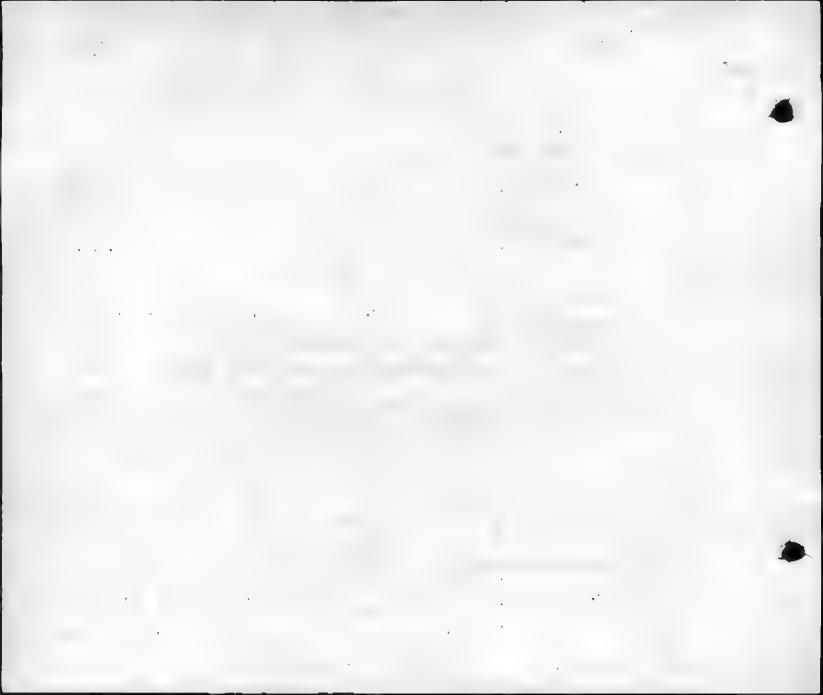
LARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased i.vad. If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore altimore Maryland MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) write RURAL and give neerest town) Lutherville Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Charmuth Rd. Charmuth YES NO [X] completely 3. NAME OF 4. DATE Middle DECEASED OF 1962 (Type or print) Kephart DEATH Chatles David carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) and Months WIDOWED -DIVORCED -Nov. 6, 1920 l'ale 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 940 10a. USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working ifa, even if retired) Postal Employee Carroll Co., Maryland Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Burton Kephart Lelia Yount ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Luthervill (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Martha Kentart, 113 Chormuth Rd., Jarvland INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c) (ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which peen gave rise to immediate ceuse DUE TO (e), steting the underlying ham icate PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Port II of item 18.) 20e. ACCIDENT WAS UNDERLYING . 1 OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. IN.URY OCCURRED | 20e PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work p.m. may be retained. DIRECTOR: 1960, 10 GLANIE 10 ... 196.4 that (1) (we) last 21. I certify that (1) (this hospital) aftended the deceased from... saw the deceased alve on april 10 .19 62, and that death occurred at 5...P.M., from the causes and on the date stated above. 72b. DATE 22a SIGNATURE SIGNED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 r TO FUNERAL I director, page 3 be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (George T. Gilmore, M.D. Lanham Building Lutherville, Md. 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) . Tririty Lutheran Cenetery Tensyton. Buri 24 FUNERAL DIRECTOR'S SIGNATOR'S ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE YR A15 (4) 15M 9/60 Cither S. King Taneytown, l'd.



VLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Rasidence before edmission) a. COUNTY b. COUNTY BALTIMORE ARYLAND MARYLAND b. CITY OR TOWN (if oulside corporate limits. c. CITY OR TOWN (If outside corporate l.m ts, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ò UNDALK UNDALK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d STREET ADDRESS ON A FARM? RIVERVIEW RIVERVIEW YES NO IX 3. NAME OF Middle DECEASED OF (Type or print) FRAMILLIN DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED with 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MALLE WIDOWED [DIVORCED T IDa USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHP. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) WEST VIRGINIA AUTO MECHANIC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unkown) | (If yas give war or dates of service) MRS SHIRLEY ITERLEY-255 RIVERVIEW 18. CAUSE OF DEATH |Entar only one cause par line for (a), (b), and (c), HWAS CAUSED BY: INCINCRATION - Residential Fire DUE TO Conditions, if any, which (6) gava rise to immadiata causa **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE MOW INJURY OCCURED. (Enter nature of injury in Part | or Part || of them 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Dd. INJURY OCCURRED 1-200. PLACE OF INJURY (Home, farm, 201. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Hour a.m. at work at work H. Ni : if Durc. 21. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection 1. Inquiry and in my opinion O death resulted from Natural causes Accident Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER lease execute I DATE SIGNED FUNERAL 1 SIGNATURE: DEPUTY MEDICAL EXAMINER DEPUTY NAME (Typa) Address (Street, city, fown, or county) 22a, BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City, fown, or country) REMOVAL (Spacify) 40 6 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME ILLRICH FUNERAL HOME - DUNDALK MD DATE 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH 04259 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside carparate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town ò Rural - Catonsville 2 days hours after Rural- Rockdale filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Shady Nook Nursing Home 3524 Rolling Road YES NO DO papers. n 72 hor completely 3. NAME OF 4. DATE Middle Last Month Yee DECEASED OF (Type or print) DEATH Mr. John Т., Kirk April 19 62 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. 8. DATE OF BIRTH last birthday) pue Male White WIDOWED IX May 7. 1889 72 DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Service Salesman Automobile Hebbville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please _⊆ aftending and John Kirk Charlotte Smith Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, 3524 Rolling (Yes, no, or unknwn) | (if yes give wer or detes of service) ed by the hospital or attending physician. After this certificate has been signed by the Mr. John A. Kirk. Baltimore 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND/DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) use as the burial-transit **DUE TO** geve rise to immediate cause DUE TO (e), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+). 19. WAS AUTOPSY PERFORMED? YES NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Jem 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH detached 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or fawn) (County) (State) Month, Day, Year factory, street, office bldg., etc. While Not While Hour a.m. et work et work DIRECTOR: 3 should be det D.m. 21. I certify that (I) (this begins) attended the deceased from (L) 1962, and that death occured at 10.1.M, from the causes and on the date stated above. saw the deceased alive on Common 22b. DATE 22a. SIGNATURE MED. SIGNEDI death. Page 4 in TO FUNERAL 3 director, page 3 be filed with the PHYS. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN NAME (Type) Dr. Wetherbee Fort Dutton Ave., Baltimore 28. Md. 236, BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) REMOVAL (Specify) Mt. Olive Cemetery 4-7-62 Randallstown. Burial Maryland 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERALD DIRECTOR'S SIGNATURE 8728 Liberty Road VR A15 (4) 15M 7/61 Circhar & Minus Randallstown. Md.



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence below edmission) 1. PLACE OF DEATH a. COUNTY e. STATE **b.** COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN IL c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) affer Fort Howard 6 Davs Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d STREET ADDRESS B. IS RESIDENCE ON A FARM? YES NO Y Veterans Administration Hospital completely 102 West Ostend DATE DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE IF UNDER 24 HRS. AGE (In years (IF UNDER I YEAR 7. MARRIED NEVER MARRIED and last birthday) Months - Days WIDOWED [DIVORCED Male White 1888 Angust physician The USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Civil Service Baltimore Maryland Laborer please .⊆ attending alld Albert Klein Madeline Bixler Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal, (Yes, no, or unkown) | (If yes give wer or deles of service te has been signed by the the burial-transit permit. I WW-L Clinical Records, VAH, Fort Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY, SQUAMOUS CELL CARCINOMA, HYPOPHARYNX AND ROOT OF IMMEDIATE CAUSE (e) UNKNOWN TONGUE XXXX TO LUNGS AND REGIONAL LYMPH NODES UNKNOWN METASTASIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe) 19. WAS AUTOPSY 5 Q PERFORMED? BILATERAL PNEUMONIA 5 DAYS NO 20a ACCIDENT WAS UNDERLYING 20b. GESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Port II of item 18.) DIRECTOR: After this a 3 should be detached for OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20s. PLACE OF INJURY (Home, ferm, 201. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED factory, street, office bldg., etc.) While __Not While Hour e.m. et work et work saw the deceased alive on April 8 22b. DATE 22e. SIGNATURE ATTENDING AAFD STAFF death. Page 4 TO FUNERAL I director, page 3 be filed with the ਰ DIRECTOR PHYS. PHYS 22c PHYSICIAN'S 22d. ADORESS NAME (Type) SEBASTIAN RUSSO, M.D. 236, BURIAL, CREMATION, 236, DATE THEREOF VAH_FORT HOWARD, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

James L. McCully, 128 E. Fort Avenue, Balto. Md. DATE APR 1 3 '62

Baltimore National Cemetery Baltimore

1 23d. LOCATION (C ty, town or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur & Hered

VR A15 (4) 1SM 7/61

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

THEMTGAGEG STATE CHANK

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution: Rasidance bafora admission) e. COUNTY **b.** COUNTY Baltimore County MARYLAND b. CITY OR TOWN (if outs de corporeta limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN III outs de Corporate I'm is, we le RURAL and give nearest town! Mt. Wilson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? Mt. Wilson State Hospital 3. NAME OF DECEASED 1962 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months 1 WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (G va k nd of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRK-PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME attending pl 15 WAS DECEASED EVER N U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMAN Address -7090 Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ONE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [[a]: 19. WAS AUTOPSY PERFORMED? NO / 20. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of tam 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJJRY OCCURRED 20a PLACE OF INJJRY (Home, farm, 20f. [City or lown] 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., atc.) Whila Hour s.m. at work at work 21. i certify that (I) (this hospital) attended the deceased from 6. 22a S GNATURE ATTENDING SIGNED DIRECTOR T PHYS. PHYS. M.D. death. Page 4 O FUNERAL 22d. ADDRESS NAME Woomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF ğ. OH 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) APR 2 3 '62



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	GGZ72 CERTIFICA		AIE OF DEATH		Reg. Dis (14 269		
1	o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Md	re deceased lived. If institu b, COUNT		efore admission)
	b. CITY OR TOWN RURAL and give i Ca. To	(If outside corporate limits, write nearest lown) SVIIIe	c. LENGTH OF STAY IN 16		tride corporate limits, write 1 timore	RURAL ond give r	nearest town)
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, give stree 126 N. Symi	ngton Ave.2	d. STREET ADDRESS 830 N.	Lakewood Av	Je.	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First ANNA	Middle S •	KRIZEK	4. DATE MO OF April	I 8	Day Yeor
1	female	6. COLOR OR RACE 7. MAI White WIDOW		10/1/1884	9. AGE (In years lost birthday) 77 yrs	Months Doys	AR IF UNDER 24 HRS. Hours Min.
Ī	during most of we tailo:	ON (Give kind of wark done 10bring life, even if retired) Ting	. KIND OF BUSINESS OR INDI OTAK Bros.	USTRY 11. BIRTHPLACE (S1010 o		12. CITIZEN	OF WHAT COUNTRY?
ī	3. FATHER'S NAME	unknown		14. MOTHER'S MAIDEN NA unkno			
Ī	S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S ARMED FORCES? 16 (If yes, give wor or dores of service)		Marie Wessel		dress /mingto	n Ave.28
		ATH [Enter only one couse per ATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ine for (o), (b), and (c)]	ri Infaret	iou	00/2	NTERVAL BETWEEN
	Conditions, if		colonary	Thighubo	sis		7 mos
	gave rise to couse (o), stating lying couse lost	the under-	terioseleno	tie C-U Disec	se-letonary	Belevosis	?
	Š	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION &	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
П	FIGHER, NOTIF	G CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I or Port II of item 18)		
	20c. TIME OF INJU		Not white	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or fown)	(Count	y) (Stote)
l	21. I certify to	half attended the deceo	sed from 47	1902 to	M; from the couses		sow the deceased
	ACTUAL SIGNATURE	Kenneth	Trielout		DDRESS (Street, city or lown		DATE SIGNED
	NAME (Type)	Krunsth K	Rukvitz,1	D.	BAle	28,M	·{-
7	BURIAL CREMATION BUILD	ON, 226. DATE THEREOF 4/12/62	Holy Rede	or crematory emer Cem.	22d. LOCATION (City, town, Baltimore	or county)	(Stote)
2	Schimut 2601	nek runeral r	ome, Inc.	240. REC'D DATE	BY REGISTRAR 246 REG	Critical .	URE Tirales

may be retained 15. The hospital or attending physician.

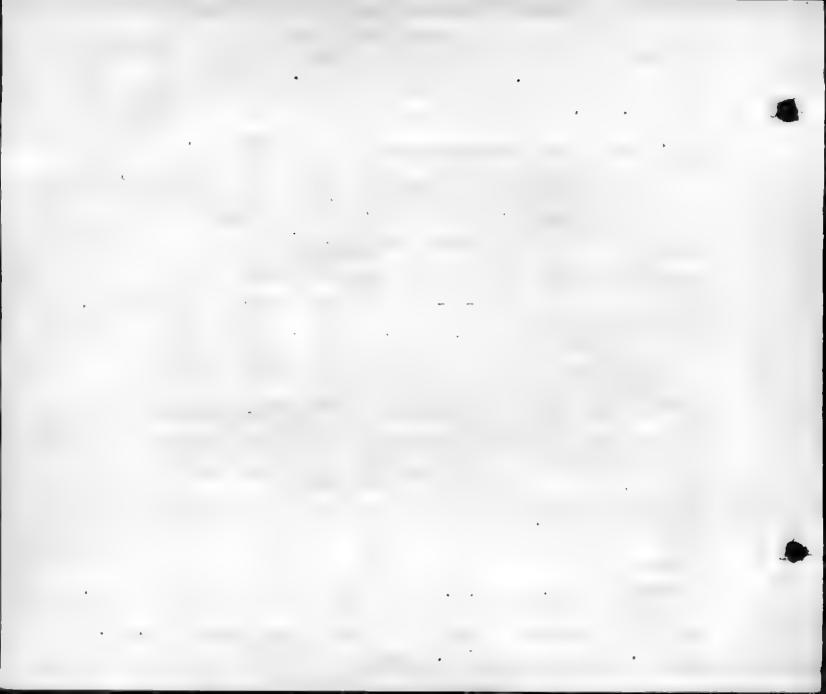
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the neral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after degith. TO HOSPITAL OR VS A15 (4) 15M 9/S5

death. Page 4

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oft.

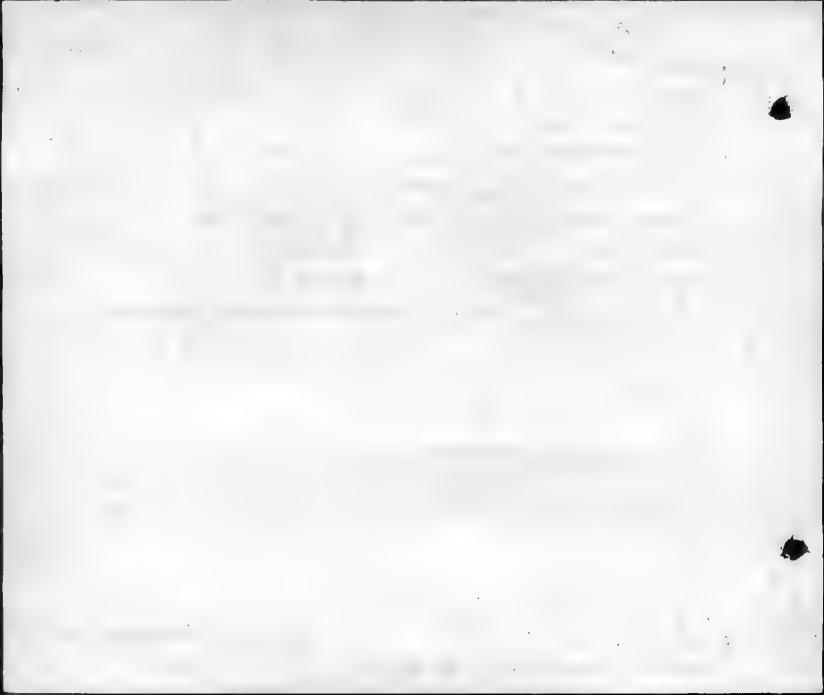


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY c. CITY OR TOWN IN outside corporate limits, write RURAL and give nearest town MARYLAND b. CITY OR TOWN (if outside corporate limits. F. LENGTH OF STAY IN 16 write RURAL and give neerest town) OR INSTITUTION (if not in hospital, give street address) u. IS RESIDENCE ON A FARM? YES NO completely NAME OF DATE DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE last birthday) Months DIVORCED WIDOWED | physician 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE WOLK pleas■ aftending 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, pq. or unkown) [lifyesgive wer or detes of service] He 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), signed by PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) gave rise to immediate cause **DUE TO** (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY **GENTIFICATION** PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, PLACE OF INJURY (Home, form, 1 (Stele) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.] While Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from M.C. 2, and that death occured at A.SM, from the causes and on the date stated above. saw the deceased alive on. 22b DATE 220 SIGNATURE SIGNER PHYS. DIRECTOR PHYS. TO FUNERAL 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 23d, LOCATION (City, town or county) REMOVAL (Specify) 134612 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cho in S. Krous DATE APR 6

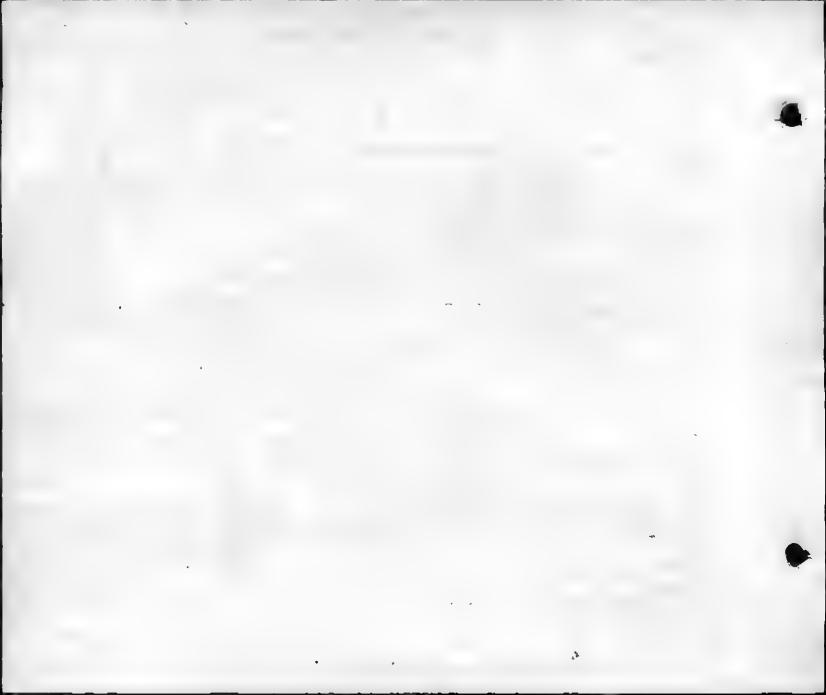
RYLAND STATE DEPARTMEN



certificote

HOSPIT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O4273

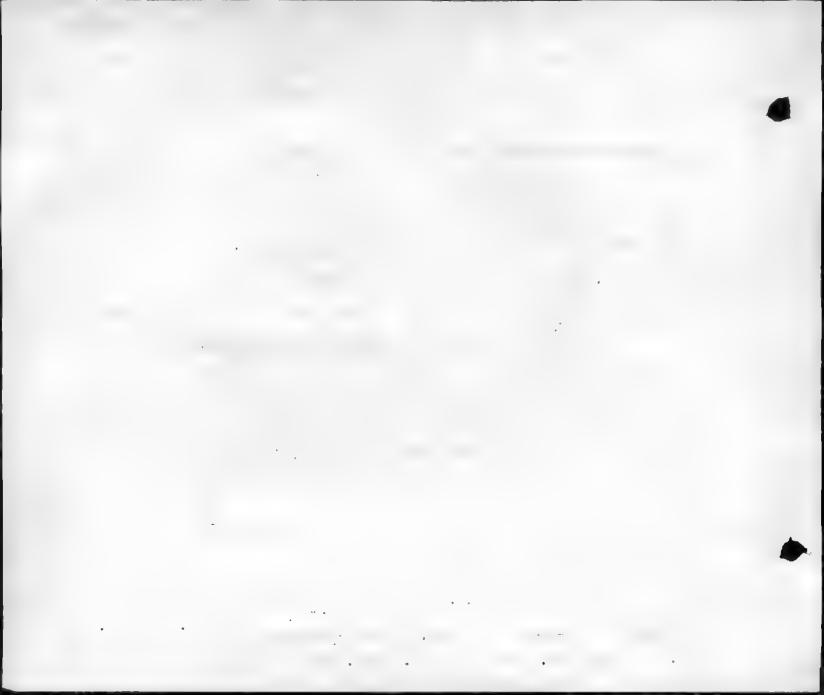
	PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm.ssion)
	Baltimore Maryland	Maryland b. county Calvert
-	b. City Or TOWN (if outs de corporate limits, write RURAL end give nearest town)	c CITY OR TOWN (If outs de corporata l'mits, write RURAL and give neerest town)
н	Catumsville 8mthldy	West Beach, Maryland
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	STREET ADDRESS
	27.0 1 T.M. T	DOTTE ON A FARM?
	SPRIC GROVE STATE HOS. LTAL	None Lest 4. DATE Month Dey Year
Ι.		OF 1,000 1
	(Type or print) Alexander Roland	Louer DEATH April 8 19 02
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
ı	male white WIDOWED DIVORCED	Feb. 3, 1934 28 yrs.
	The. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired)	Maryland U. S.
L	Farming Farmer	14. MOTHER'S MAIDEN NAME
	Roland Lauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16, SOCIAL SECURITY NO. 17, 1	The state of the s
	 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Hyesgivawerordetesofservice) 	
3	none Re	cords: SPRING GROVE STALE HOSPILAL
	1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Fatty Liver due	to undetermined cause days
ı	C DUE TO	
Н		
	geve rise to immediate couse	-
1	(a), stelling the underlying DUE TO	
	cause last. (c)	
	Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	S Weiners contition coute left moreliti	YES NO 1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO II PINATU CUSTITIS ACUTE LEFT DYELLT 2De. ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2 CAUSE OF DEATH OF FETHER, NOTIFY MEDICAL EXAMINER!	(Enter neture of Injury in Pert or Pert 1, of Item 18.)
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
- 1		CE OF INJURY (Home, form, 1 20f (City or town) (County) (State)
	Hour e.m. While Not While	lory, street, office bldg., etc.)
		1
	21. I certify that (1) (this hospital) attended the deceased from	April 7 7:0054 to April 8, 19.62, that (N (we) last
Н		death occured at
1	220. SIGNATURE	22b. DATE
	bu K Crisaga, to	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. April 8, 1962
1	22c. PHYSICIANS	22d. ADDRESS SPRT G GROVE 3 TALL HOS I'AL
	NAME (Typo) TASE K ARIZAGA M.D	. Catonsville 28, Maryland
	228 BURIAL CREMATION 123b. DATE THEREOF 123c. NAME OF CEMETERY	
	REMOVAL (Specify)	
		ny Cemetery near Owings, Maryland
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Hulchins Tuneral Homes allerngs) not. DATE \$PR 1 2 '62
13		

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VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	Baltimore MARYL	AND Martard
/	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY	
	Fort Howard 14 days	Baltimore
	d. NAME OF HOSPITAL OR INSTITUTION, if not in hospital, give street eddres	
		ON A FARM?
	Veterans Administration Hospital	1973 Snyder Ave
	3. NAME OF First Middle	Last 4. DATE Month Dey Year OF
	(Type or print) HAROLD W	LETTS DEATH April 19 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. less birthday) Months Devs Hours Min.
	Male white WIDOWED DIVORCED	Months Days Hours Min.
		INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) [12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	Object of the Control of Control
	Bartender	Charleston, S. C USA
	IS. PATHER'S NAME	
.)	Joseph W. Letts	Caroline Kelly
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) ((Ifyesgivewerordelesofservice)	O. 17. INFORMANT Address
	yes WW I 220-30-3797	Clinical Records, VAH Ft Howard, Maryland
	18 CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c)	INTÉRYAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		CARCINOMA RIGHT LUNG WITH METASTASES EY AND TAIL OF PANCREAS UNK
		EL WID TYTE OF LYHOUSED
	Conditions if eny, which (b)	
	(e), stating the underlying DUE TO	
	cause last. (c)	
	Z PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OF OR CONTRIBUTING 1 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	YES 🔀 NO 🗌
	= 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY O	OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.)
	OR CONTRIBUTING (CAUSE OF DEATH (CITTER) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20e, PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State)
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work at work	factory, street, office bldg., etc.)
	21. I certify that (1) (this hospital) attended the deceased	from April 5
		nd that death occurred at
	220 SIGNATURE T	22b, DATE
	1 Num IL	M.D. PHYS. DIRECTOR PHYS. TX 4/20/62
	22c. PHISTOUN'S	22d. ADDRESS
i	NAME (Type)	TYATT THE TIATIANE ASSETS AND
0	SEBASTIAN RUSSO, M.D.	METERY OR CREMATORY 23d, LOCATION (City, fown or county) (State)
Sim	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CER	
S.	Burial 4-23-62 Balto.	Balto. Maryland. Varional Cemeter By Registrar 25b. Registrar's Signature
-		
7	Wm. Cook Blight Inc. 6009 Harford Rd.	Balto. 14 DATE APR 24 162 Carling & House



Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Mur files. of Health, Раде a. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (if putside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) Fort Howard Baltimore Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS to the funeral he State B Veterans Administration Hospital 1009 Sumpter Avenue 3. NAME OF F.rst 4. DATE DECEASED OF the (Type or print) Page 5 may be refamed 2 with the DEATH JOHN APRIL death. I 6. COLOR OR RACE! 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and Male WIDOWED DIVORCED In pencil in Item 18 Give Pages 1, 2, Affice along with form PM3. Page 5 urial-transit permit. File pages 1 and val. end in any eyent within 72 h 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stein or foreign country) done during most of working life, even if retired) Chauffeur Steel Texas, Maryland Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Little Annie Kessler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordelesofservice) 216-07-2897 Address YES 12/27/27:5/11/28

18. CAUSE OF DEATH [enter only one cause per line for (e), (b), and (e).] Clin. Rec. VAH, Fort Howard, Maryland or Office along was a burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE PULMONARY INFARCT DUE TO ARTERIOSCLEROTIC CAPDIO VASCULAR DISEASE Conditions, if any, which gave rise to immediate cause d "pending" Examiner's **DUE TO** 35 (e), steting the underlying 6 nsed cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION ate, writing the word "
the Ch.et Medical Ex
R: Page 3 should be urior to burial, crematic 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peri I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month Dey, Year 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While factory, street, office bldg., etc.) et work et work please execute the certificate, 4 should be forwarded to the O FUNERAL DIRECTOR: P. or its designated agent, prior I the certificate, 21 I certify that I took charge of the remains described above, held an Autopsy 1 Inspection Inquiry To death resulted from-Natural causes IX Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IN EXAMINER'S NAME (Type) B. DAVIS, Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 0 P A Moreland Memorial Cemetery Baltimore, Maryland Purial 246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR APR 1 7 '62 VS. A15ME Circhay & Thomas Cvach Funeral Home, 1211 Chesaco Ave. Rosedale, Mara

IARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO X

1962

Day

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Steta)

and in my opinion

DATE SIGNED

Months

SM 9'60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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04276

U 5 6	<i>E J</i>			01 0 00 1111			
1 PLACE OF DEATH	LTIMORE	MA	ARYLAND 2.	USUAL RESIDENCE (WHO STATE MARKET ARE)	ere deceased lived If in	UNTY ~	before admission)
b. CITY OR TOWN RURAL ond give ROS	(If outside corporate limits, neorest town) EDALE	write c LENGTH OF ST.	AY IN 1b	COLTY OR TOWN (IF.	utside corporate limits, v		
d. NAME OF HOSE OR INSTITUTION		e street oddress) edical Center	1	J23 SO	UTH 46	L STRE	e. IS RESIDENCE ON A FARM? E (YES NO
3. NAME OF DECEASED (Type or print)	ALIC	E - / Mid	E.	MADDOX	4. DATE OF DEATH APK		Pay Year 18 1962
S SEX FEMALE	WHITE V		CED M	ay 6, 1915	9. AGE (In lost birth	day) Months D	Poys Hours Min.
CASHIRR	TION (Give kind of work do orking life, even if retired)	Hochschild	,Kohn	Baltim	ore,Marylan		S.A.
13. FATHER'S NAME	Guy Hold	litch	1	Nellie Lu			
15. WAS DECEASED E	VER IN U. S. ARMED FORCE	ES? 116. SOCIAL SECURITY			¥,523 S. 46	Address th Street	,Zone 24
Conditions, if gave rise to couse (a), statin lying couse los	immediate g the under-	ACUTE MY HYPERTEN	YOCARD ISIVE	HEART	PISEASE		ONSET AND DEATH
200 ACCIDENT N	NG 🖸 CAUSE OF DEATH	0b. DESCRIBE HOW INJUR					PERFORMED? YES NO
(IF EITHER, NOTIL	FY MEDICAL EXAMINER) URY Month, Day, Year	20d INJURY OCCURRED While Nat while at wark at wark		OF INJURY (Home, farm, street, affice bldg., etc		(Co	ounty) (State
saw the dece	21. I certify that (I) (this haspital) attended the deceased fram APRIL 1.8. 1962, to APRIL 18., 1962 that (I) (we) last saw the deceased alive an APRIL 18. 1962, and that death accurred at 1.5%, from the causes and an the date stated above						
20 SIGNATURE	m S. Q	Ah, m.D.	M.D	PHYS DI	ED. STAFF RECTOR PHYS]	4 185 GNE
22c. PHYSICIAN'S NAME (Type	JOHN G.	ORTH			HLADELPH		4.2.
23g BURIAL, CREMAT BURIAL (Speci	(on, 23b. DATE THEREOF (fy) 4-21-62	23c. NAME OF C		Cemetery	23d. LOCATION (City, Elkridge	town, or county) e, Marylai	(Stote)
24 FUNERAL DIRECTO	DR'S SIGNATURE Inc., 1217 S	ADDRESS	t. Zone 3	250. REC'	B 2 3 '62	REGISTRAR'S SIGI	
	,		- y = - Lil	. Dail			

may be retained by the hosp tall or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. abing physician; The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

h. Page 4

VR A1S (4) 15M 9/59



04280 CERTIFICATE OF DEATH 1. PLACE OF DEATH · COUNTY Baltimone b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION N. Potomac Street lanor hursing Home .5 4. DATE NAME OF Middle filled DECEASED April Mantinson DEATH Sicvart Poges (Type or print) 8 DATE OF BIRTH P. AGE (In years lost birthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX WIDOWED M DIVORCED [October. complet 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Norwall unknounn 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown Martin Martinson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Ludia Tohnson 6-10no 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while at work of wark 21. I certify that I attended the deceased from 6 alive on ő ACTUAL SIGNATURE TO FUNERAL DIR page 3 should t PHYSICIAN'S NAME (Type 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page the re REMOVAL (Specify) emeteru Burua. ADDRESS 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR

Monan

VS A15 (4) 15M 9/S5

Rem. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. 15 RESIDENCE YES TO NO T Month Year 1062 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Address 428 N. Fast Ave. Balto. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO PA (State) (County) , 19____that I last saw the deceased and that death occurred at 12:43 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State)

DATE

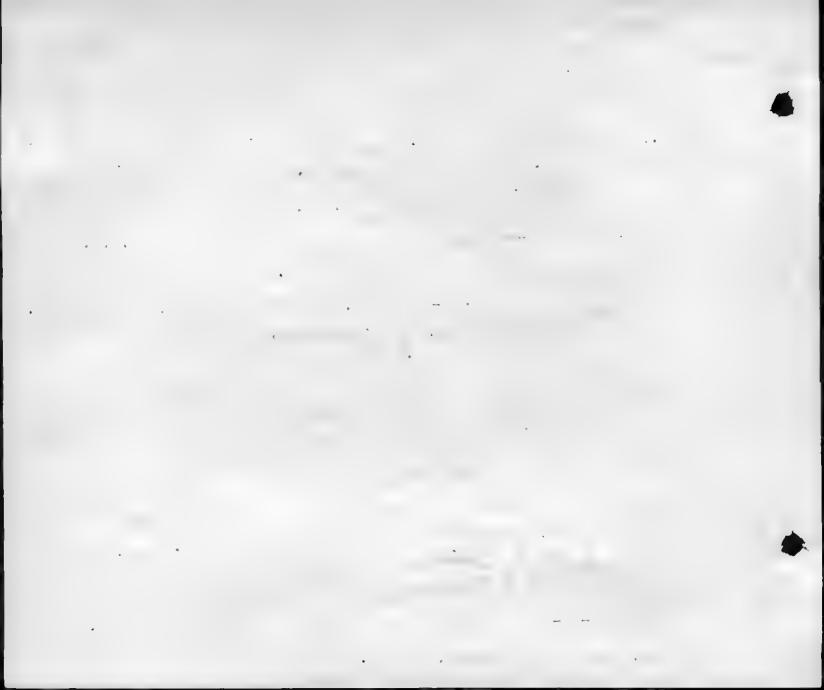
Januland

Though I Though



Military of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed Lived, If institution: Residence before edmiss on) e. COUNTY Baltimore a. STATE b. COUNTY Maryland MARYLAND Baltimore Sep J b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) for your write RJRAL and give nearest lown) Edgemere Vrs Edgeme re dire d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) d. STREET ADDRESS a. IS RESIDENCE and 3 to the funeral ON A FARM? Res. 2513 Bparrows Point 3014 Ritchie Avenue may be retained 2 with the State 8 YES NO T death. 3. NAME OF DATE Month Year DECEASED OF age 5 may be re 1 and 2 with the 72 hours after o (Type or print) nson DEATH 19 6 death. I 6. COLOR OR RACE THARRIED K KNEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Male Months Days Ноши White i within 24 hours after d 18. Give Pages 1, 2, and h form PM3. Page 5 ma Nov. 1898 WIDOWED [DIVORCED 10a. USUAL OCCUPATION IG ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Page . done during most of working life, even if retired) Employed-Barber pages 1 Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18. Give George Mason Lula V. Ward 9 event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Æ. (Yes, no, or unkown) | (If yes give wer or detes of service) office along with fe a burial-transit permit, amoval, and in any o No Mrs. Virginia Mason 3014 Ritchie Ave. executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) in pencil This certificate should be DUE TO removal Conditions, if any, which (b) "pending" gove rise to immediate cause 10 Examiner's DUE TO 35 (e), steting the underlying ö cremation, or cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ([31] 19, WAS AUTOPSY CERTIFICATION lease execute the certificale, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati PERFORMED? NO 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Jam 18.) 20a. EXTERNAL CAUSE WAS office of the control PRIMARY | or CONTRIBUTING | CAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) Month, Day, Yeer (County) (Steta) factory, street, office bldg., etc.) Hour e.m. Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection / ~Inquiry and 'n my opinion death resulted from-Natural causes 7 - Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Ly 146 LDATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER T SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) REMQVAL_(Specify) ᆼ O ₽40 Buraal Halls Pocomoke City ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME 137 17 '62 5M 9/60 JOHN J. DUDA 7922 Wise Ave. 22, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



YLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) PLACE OF DEATH a. COUNTY L. COUNTY a. STATMaryland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporata fimils, write RURAL and give nearest town] Severn 17 Days Fort Howard a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours ON A FARM? Route 1 Box 359A Danza Road Veterans Administration Hospital YES NO P 3. NAME OF DECEASED 62 MAYR DEATH April 19 (Type or print) CTARENCE G. IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR pue ast-birthday) Months April 19,1915 White WIDOWED [DIVORCED Male physician 12. CITIZEN OF WHAT COUNTRY? IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (County & State, or foreign country) done during most of working life, evan if ratirad) U. S. A. Transfer Co. Baltimore, Maryland Chauffer please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME _⊆ 5 Gertrude Grief attendir Clarence G. Mayr Then WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO 17. INFORMANT Clinical Records, VAH, Fort Howard, Maryland (Yes, no, or unkown) | (Ifyesgivawarordatesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a), b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN RESIDUAL SQUAMOUS CELL CARCINOMA, RIGHT LUNG IMMEDIATE CAUSE (a) XXXXXX DAYS BILATERAL PNEUMONIA Conditions, if any, which gave rise to immediate couse (a), stating the underlying METASTASIS TO STERNUM, RIBS AND RIGHT KIDNEY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stata) 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While While Hour a.m. al work at work 19 62 that 10 (we) last 21. I certify that Ol (this hospital) attended the deceased from March saw the deceased alive on April 22b, DATE 22a SIGNATURE 62 NED ATTENDING PHYS. DIRECTOR death. Page 4 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VA HOSPITAL. FORT HOWARD, MARYLAND RUSSO, M.D. 1 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, I REMOVAL (Spacify) Ritchie Highway, Glen Burnie, Md. 0.4.8 Cedar Hill Cemetery Burial Glen Burnie, Marylandsa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MONERAL DIRECTOR'S SIGNATU YR A15 (4) 15M 7/61 Home, 200 Crain Highway, S W DATE APR 5 Circhina & Thousa



04283

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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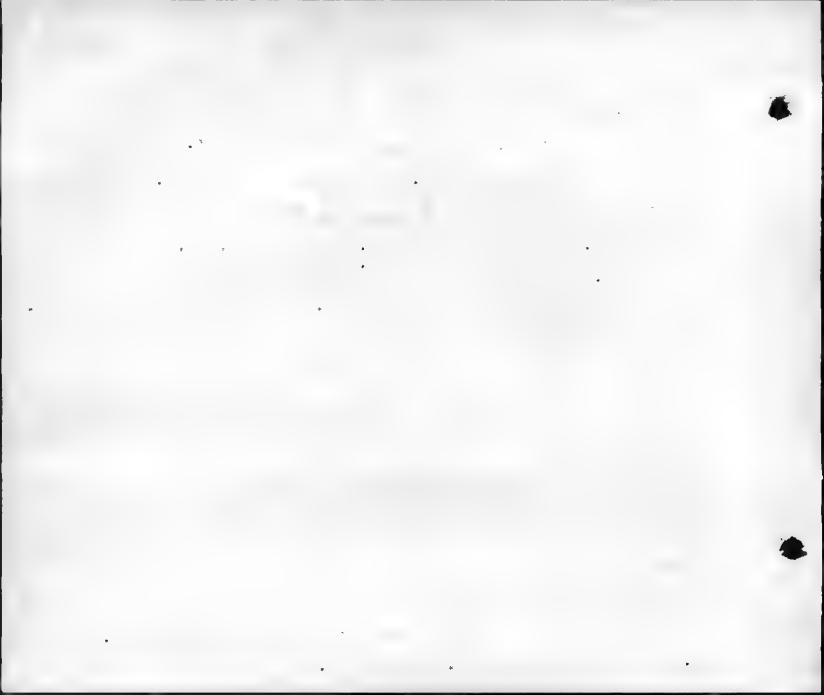
		CERTIFICA	TIE OF DEATH	Reg. Dist. No. 11 COU				
	1. PLACE OF DEATH BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLA)	d lived. If institution: Residence before admission)				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	role limits, write RURAL and give nearest town)				
	CATONSVILLE	1 WEEK	BALTIMO	ORE 3101.4				
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	House in the Pines,	FUSTING AVE	4225 WICKFORD	D RD. YES NO DA				
	3. NAME OF First	Middle	Lost 4. DATE OF	Month Day Year				
	(Type or print) ELIZABET	M_{\bullet} M_{\bullet} M	C GOVERN DEATH	APR. 2 1962				
		RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.				
	FEMALE WHITE WIDOW		AKOUT	74 yrs.				
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE [Slote or foreign o	ountry) 12. CITIZEN OF WHAT COUNTRY:				
1	ETTRED PUB. HEALTH	NURSE. RALT	RALTIMORI	3.6				
	13. FATHER'S NAME	C_{IT}	14. MOTHER'S MAIDEN NAME					
	JAMES P. McGOVERN		CLARA SH.	AUGHNESSY				
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no or unknown] [(If yes, give wor or dates of service)		IFORMANT	Address				
		UL	ARA M. MCGOVEI	RN 4225 WICKFORD RD.				
	18. CAUSE Of DEATH [Enler only one couse per I	ine for (a), (b), and (c)]	1 11	INTERVAL BETWEEN ONSET AND DEATH				
	PART + DEATH WAS CAUSED BY. CCCC 1120 M Q G+ ALGOLOGY IMMEDIATE CAUSE (0) CCCC 1120 M Q G+ ALGOLOGY G MOS.							
	/ 8 / 8 DUE TO		/					
	Conditions, if any, which) (b)							
	gove rise to immediate Course (a), stoling the under-							
	lying couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?				
	3 Broke hir ctasis - arteriordelirour Heart Researed YES NO EN							
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Par	I If of item 18.)				
			CE OF INJURY (Home, form, 20f. (City	or town) (County) (State)				
	Haur o.m. 19 of we		tory, street, office bldg., etc.)					
	21. I certify that I attended the deceased from Jail 1, 1950, to apr 2, 1962, that I last saw the deceased							
	alive an SLAV 1, and that death accurred at A A M, fram the causes and an the date stated abave							
		ADDRESS (Street, city or lown, stote) DATE SIGNED						
	SIGNATURE /11W/ Yacoby	111	10 6.821 Reisters	form Ref Book 4-2-1				
			A C	3				
	PHYSICIAN'S MY VV. 11ACO	BSON MIN	Back is 1	nd				
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 22d LOCA	TION (City, town, or county) (State)				
)	REMOVAL (Specify) 4/5/62	NEW CATHE						
1	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIST	RAR 246. REGISTRAR'S SIGNATURE				
	H. W/ MEARS & SON 8	05 N. CALVE	RT ST DATE APA 6	162 U 1-7 P. Time				

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR A CNDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained to hospital or otherding physician.

TO FUNERAL DIRECTURE: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauthe registrar prior ta burial, cremation, or remaval, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

il director, filed with

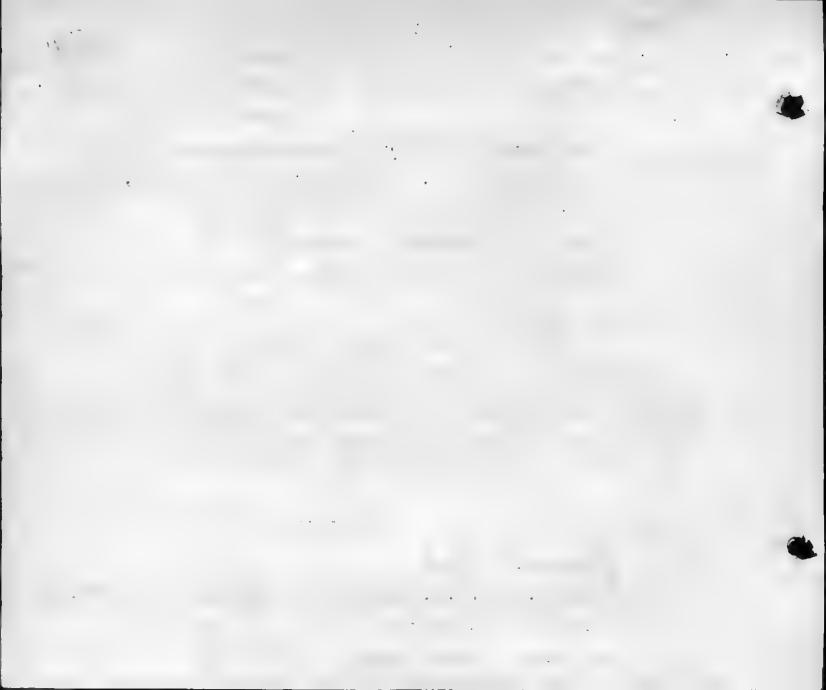


AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY e. STATE **b.** COUNTY Baltimore MARYLAND Baltawore b. CITY OR TOWN (f outs de corporete .mils, c. LENGTH OF STAY N 1b c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) after d. STREET ADDRESS HILLS Owinas Mills Pages filled d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO V Valley Roads 3. NAME OF Middle DECEASED OF (Type or print) DEATH Priscilla McHenru Stewart 19 6, COLOR OR RACE 7, MARRIED NEVER MARR ED AGE (In yeers IF UNDER 1 YEAR) F UNDER 24 HRS. birthdey) W DOWED K DIVORCED physici∎n 10a. LSUAL OCCUPATION (G va kind of work 1 105, KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY! . (County & State, or fore in country) done during most of working life, even if retired) Housewise Liaruland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending Charles Yorton Stewart Josephine Lurham and 15. WAS DECEASED EVER N U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordates of service) Clundonl haruland 18. CAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **burial-transit** DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), steting the underlying has ceusa last. the PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED certificate PERFORMED? YES NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Dev. Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work saw the deceased alive on... Zand that death occured at........M, from the causes and on the date stated above. ATTENDINGS MED. PHYS. DIRECTOR 22d, ADDRESS PHYSIC AN S 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 St. Thomas! Garrison Forest 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 H.W. Jenkins & Sons Co. 4905 York Rd. Balto. Id. DATE

LAND STATE DEPARTMENT OF HEALTH



1 1	4	It	ms 18- 11 Film 311 MARYLAND STATE DEPARTMENT OF HEALTH
	in the second		Pintop of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STAT	E		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
DEALTH DE	PT_		PLACE OF DEATH COUNTY COUNTY COUNTY
Page .	YA-	<u> </u>	Baltimore County MARYLAND Maryland Baltimore Co.
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any le fu stair Sta deat			NAME OF First Mode Last 4. DATE Month Day Year DECEASED OF
The t		_	Type or print) ANGELIA V. McMAHON DEATH April 16, 19 62
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an S m			Temale White WIDOWED DIVORCED WITH 21, 1879 67 ym. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11, BIRTHPLACE (Stele or fore gin country) 12. CITIZEN OF WHAT COUNTRY?
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Ain Sile	I	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
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uted tem with per			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c),]
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in p Office Overige			Conditions, if eny, which (b)
sho r's (gave rise to immediate cause (a), stating the underlying DUETO
andiine			cause lest. (c)
Exar Exar use Hon)	<u>N</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED?
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NET ng t ef A 3 al			CAUSE OF DEATH. Found with head under water in bathtub
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te, the			3:00 p.m. annil 749 62 et work Home Towson 4 Butimore Md.
크라하다			21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion
Sen Gerri			death resulted from: Natural causes Accident XI. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
MED e the forwa			ACTUAL ASSISTANT MEDICAL EVAMINED TV
X X Cute cute for	2		DEPUTY MEDICAL EXAMINER
DEPUTY ME lase execute It should be forv FUNERAL D its designated			EXAMINER'S NAME (Type) HOWARD G. SHAUB, M. D. Address (Street city town, or county) April 17, 1962
Should should be the should be	0	22e	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 4 5 2	1	18	URIAL ADI, 18, 1962 Hely Redeemer Cem. Butter, Md.
WE ASEND	10,	23	FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	4	10	MM BULLING SOKE, COUSEN, Mrd. DATE APR 19'62 arches & thrown
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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 283 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) e. COUNTY b. COUNTY and 2 seeth. Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest lown) Baltimore hours after Pages 1 one month Towson 9 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM? YES NO TO Northway 3. NAME OF CONVALOSCENT Home 4 DATE Yee Month DECEASED OF David ST. DEATH April 62 (Type or print) Pherson Lyon 19 pon 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years [IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday! Months Devs Hours Male WIDOWED IX DIVORCED IDe. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Stelle, or foreign country) done during most of working life, even if retired) Construction U.S.A. Builder (Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John McPherson Sarah Lyon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO Then Address (Yas, no. or unkown) | (Ifyas give war or dates of sarvice) Miss Helen McPherson #301 Northway No None 18. CAUSE OF DEATH [Enter only one cause per ine for (a), [b], and (c), ter beaut disease ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stetling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? as Se 0 NO A 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH JIE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED + 2De. PLACE OF INJURY (Home, farm, 2Df. (Cily or town) (County) (State) Month, Day, Year fectory, street, office bldg., atc.) While Not While Hour a.m. lat work at work p.m 19 6 that (i) (we) last 21. i certify that (I) (this hospital), attended the deceased from...... should and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED ATTENDING STAFF V DIRECTOR PHYS. PHYS. M.D 22d ADDRESS 22c, PHYSICIAN S 23a, BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOYAL (Spacify) April 17,62 New Cathedral Cemetery Bal timore City Md. £ 6. York Rd; 250. RESERVARISHEE 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

Jenkins & Sons Co. Balt. 12, Md, DATE

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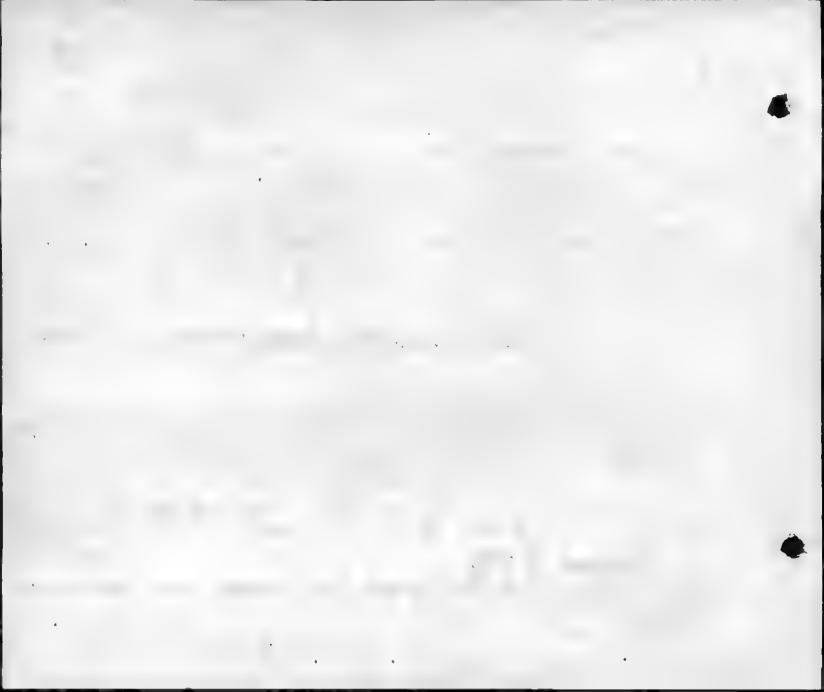
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certificate physician



1		MARYLAND STATE DEPARTMENT OF HEALTH				
8		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND			
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O B O B O B O B O B O B O B O B O B O B		21. I certify that (I) (this hospital) attended the deceased from	.4, that (I) (we) las			
E G E		saw the deceased alive on. April 120, 196.1, and that death occurred at 196.1	the date stated above			
Stat		22a. SIGNATURE	22b. DATE			
E O E e		Makam General M.D. PHYS. DIRECTOR PHYS.	4/2216 L			
AL AL	,	22c. PHYSICIAN'S 22d. ADDRESS				
Pac Will		NAME (TYPO) AGRAHAM GENECLY MD 714 PARIC BAL	T-1 40.			
TOSPI TUNE TOTAL		238. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	y) (State)			
direct E		BEMOVAL 14-24-62 RIVERVIEW WILMINGTON	- KEL			
HH		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWS 6 M 250 REC'D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE			
VR A15 (4) 15M 9/60		WI COOK-TOWSON-1050 YORK RD 4-MD DATAPH 24 '62 CIVILIN &	Knua			
,,	1.	March Contained of the				



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 4 to be retained by the hospital or attending physician.

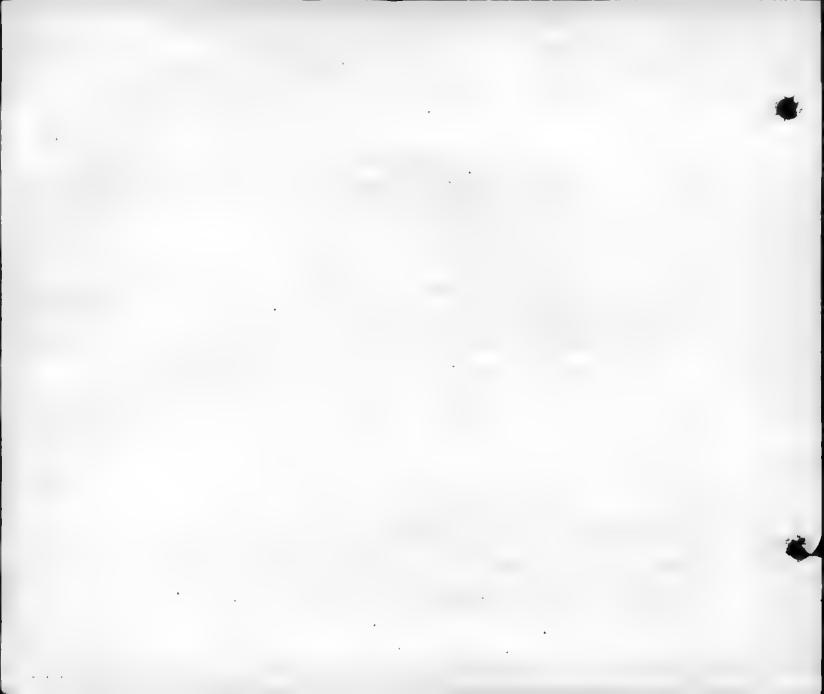
S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a sy the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be lifed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within \(\times \) pours after death.

MARYL	AND STATE DEP.	ARTMENT OF H	EALTH	
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 3	301 W. PRESTON ST	FREET, BALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL RESEAR	CERTIFICATE	OF DEATH	0	14285

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on)
3. COUNTY Baltimore	MARYLAND 6. COUNTY 6. COUNTY
	OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	X Parkville
d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give str	eet address, d. STREET ADDRESS , e. IS RESIDENCE
1901 E. Joppa Rd.	1901 E. Joppa Rd. YES NO DE
3. NAME OF First A	Aiddle Lest 4 DATE Month Day Year
(Type or print) Helen (assand	ra Miller DEATH April 27 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B. DATE OF BIRTH 9. AGE (In Years) IF UNDER 1 YEAR, IF UNDER 24 HRS.
	Norced March 20, 1903 59 yrs. Months Days Hours Min.
TOB USUAL OCCUPATION IGINA KIND OF WORK TIDE KIND OF BUSI	NESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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(Yas, no, or unkown) (Ifyes give war or dates of service)	John K. Miller same
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b)), and (c).] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ine heart facilities 28 days
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	PERFORMED? YES NO T
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(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	URRED 20e, PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. Wh.le Not Wh et work et work	
21. I certify that (I) (this hospital) attended the d	eceased from . Jan., 1950, 10. april 27., 1962., that (1) (we) last
saw the deceased alive on	62, and that death occured at 2.2M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
dee K Jargo	M.D. PHYS. DIRECTOR PHYS.
122c. PHYSICIAN'S NAME (Type) FF K FAME 6'0	MED 22d. ADDRESS
	OBS DOWN RAVEN BED IV
REMOVAL (Specify)	F OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 4-30-62 Lauce	don Park Cemetery Baltimore, Jud.
24 FUNERAL DIRECTOR'S SIGNATURE ADD	RESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
L. J. Ruck Inc. 5305 Harton	rd Road I DATE APR 30'62 Outling & Kine



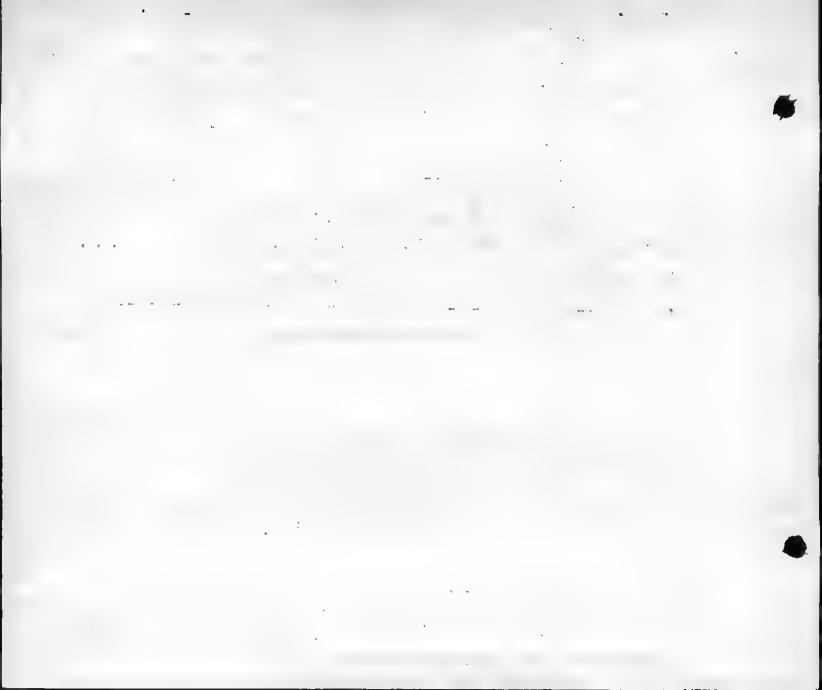
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. NO4286 01.290 1. PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived | Il institution. Residence before admission filed a. COUNTY BALTIMORE 6. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) CLEN ADM. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION LONG GREEN PIKE ON A FARM? LONG EREEN PILE YES NO 4. DATE DECEASED CASSAII) RA MOUKS (Type or print) APRIL DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED [7] 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED | 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HOUSE KEEPET MARYLEND HUXISE-WIFE MISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS TECKSON MONKS PAINIE AMBNDA MODENDORF 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address LONG COFFN PIKE NONE No MR JOHNE MONKS SR GLEN ARM, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: CORONARY THETTERY DISEASE. IMMEDIATE CAUSE (o) MAROK-7415 DUE TO PRIERIOGLEOTIC HERRY DISEASE, Conditions, if any, which) gove rise to immediate DUE TO couse (a), stating the under-DIRECTES MELLITUS. lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161119. WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) Hour o. m. loctory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased fram OCTOBER 12, 1961, to DECEBER 18, 1961, that I last saw the deceased DECEMBER 18, 19 6, and that death accurred at 8.04 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Lleury L. Mc Corples M.D. PARRETTSUILLE DIEE should HENDY L. N.C. CORKLE MO NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) page REMOVAL (Specify) MAY 2, 1962 Mt. Tabor Methodest Cem, Bural Bel Air, Harford Co., Manyland 23. FUNERAL DIRECTOR'S SIGNATURE w. Breadway and williams St. 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A1S (4) BEI AST Maylow 15M 10/57 JOSEPHW. Foster



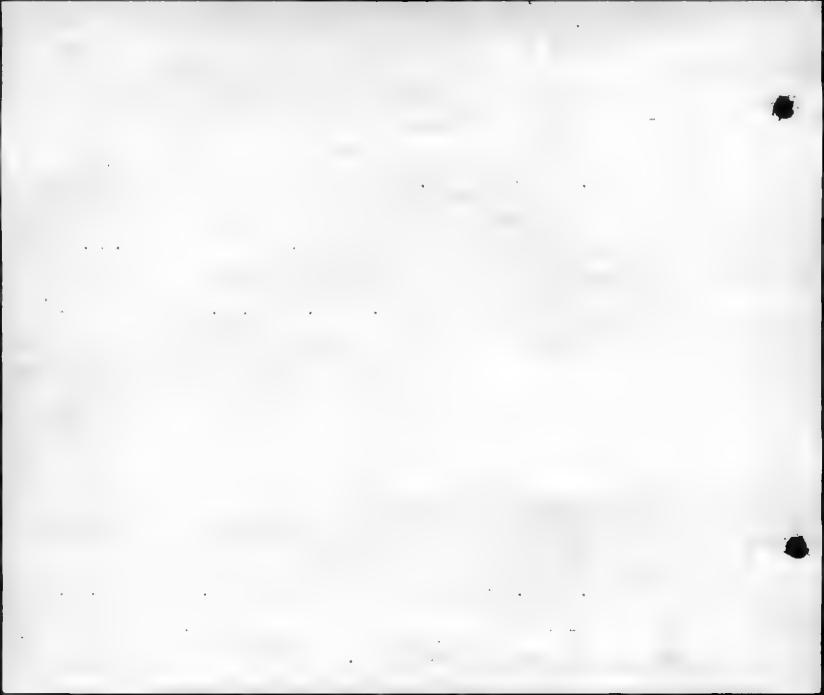
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9 p c s			PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	t (o)	1112581	5 /21	1º C /	hroi	mbo	232		ONSET AN	D DEATH
the The		П	453,3	DUE 1	, ,,,	2	/ -		1	1	/			
ر الله الله الله الله الله الله الله الل		П	Conditions, if	ony, which)	(b)	(- en er	2/12	20	HUT	2010	Sc/oro	272		
ires necm n or			gove rise to cause (a), stating	immediate (Dist	•	0	1	/ 11		/ .	7			
on sign	A		lying couse lost		(c)	1-mil	100	0/1	92Cc	aldo-	DIJ	2252		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.						(o) 19. WAS	AUTOPSY ORMED?							
phy phy ial- ial-		Z Z				•] NO []
ing ling te h bur ren		RTIF	20g. ACCIDENT W	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRE), (Enter nature c	of injury in P	ort I or Part	If of item 1B.)			
fice fice the the		T CE	(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER	5									
r officertion		MEDICA	20c. TIME OF INJU			NJURY OCCURRED		CE OF INJURY (20f (City	or tawn)	(Cou	nty)	(State)
his his emo		ME	p. m.	10	While of wor	k Ot work		/	- diographic court	1/1/	1/1			
Spiral Co.			21. I certify t	that I attended th	deceas	ed from		19.0		110	0/600	,that I la:	t saw the	decenses
Che Po			alive an	4/25/	6 d12	and tha	it death	accurred at	3551	M. from	the causes			
d eto				101	11/1	01	11	_		DDRESS (Str	eet, city or town,	stole)	/	ATE SIGNED
DIRECTO DIRECTO Id be det prior to 1			ACTUAL SIGNATURE		C'N'	1/10	El 1	A.D	1303	Frede	rick Roa	ad	4/2	7/61
	1		PHYSICIAN'S										7	7
HOSPITAL toy be retail FUNERAL oge 3 shoul	,		NAME (Type)	W. E.	McGra	th, M.D.			Cato	nsvill	e, Md.			
はいまり		220	BURIAL, CREMATI		OF	22c NAME OF CEA	METERY OF	CREMATORY		22d LOCATI	ON (City, lown,	ar county)	(Sto	ote)
may to FUN Poge		-	urial	4/30/6	2	Cathedr	al C	emetery		Balt	imore, l	ld.		
D = D = =	1	23	FUNERAL DIRECTO			ADDRESS			1	BY REGISTR	AR 24b REG	STRAR'S SIGN	ATURE	
VS A15 (4) 15M 10/57	1 2	10	· Vernon	Lommor	2.461	l Park Hei	ghts	Balto.	DATE	IPA 3 0	62	Clithun &	trans	

e .

1		MARYLAND STATE DEPARTMENT OF HEALTH
ु विक्		OLVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
he fune 2 shou	M)	1. PLACE OF DEATH e. COUNTY Baltimore 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmissor) e. STATE Maryland Maryland
filled in by the Pages 1 and urs after deat	50	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Baltimore d. STREET ADDRESS e. IS RESIDENCE
be executed of no completely subon papers. within 72 ho		Veterans Administration Hospital 3. NAME OF DECEASED (Type or print) GEORGE — MOONEY MOONEY GEORGE — MOONEY Moonth Dey Veer DEATH April 1: 19 62 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 Hrs. lest birthday) Moonths Deys Hours Min.
certificate physician e remove		Male White WIDOWED DIVORCED July 16, 1893 68 yrs. 10s. JSUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Stone Mason 13. FATHER'S NAME DIVORCED July 16, 1893 68 yrs. 14. MOTHER'S MAIDEN NAME 15. CITIZEN OF WHAT COUNTRY? 16. As a life of working life, even if retired) 17. CITIZEN OF WHAT COUNTRY? 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME
that the death on. the attending nit. Then pleas removal, and ir	\ - /	John Mooney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 16. SOCIAL SECURITY NO. 17 INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), or (c), o
ne law requires ending physicis been signed by rial-transit pern cremation, or		Conditions, if eny, which gave rise to immediate cause Due to
respitation of the certificate has reas as the burier to burier.	. (Column C
DING PHY ned by the h After this c etached for of Health p		ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stele) Hour e.m. While Not While tectory, street, office bldg., etc.)
MATTEN may be retain DIRECTOR: 3 should be d		21. I certify that A (this hospital) attended the deceased from April 2 300 1962, to April 4, 1962, that A) (we) last saw the deceased alive on April 4
PITAL Page 4 ERAL Page	/	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. K 4/4/62 22c. PHYSICIAN'S NAME (Type) IRVING FREEMAN, M.D. Chief, Medical Service VAH Ft Howard, Md
다 다 전 전 전 전 전 전 VR AIS (4)		23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (Slote) Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25d REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7/61		Wm-Cook BlightInc 6009 Harford Rd Balto Md DATE PR 9 '62 Cullum & Frank



MARYLAND STATE DEPARTMENT OF HEALTH



the funeral ours after TO HOSPITAL (** ITENDING PHYSICIAN: The law requires that the death certificate be executed within Minou death. Page 4 mm for retained by the hospital or attending physician.

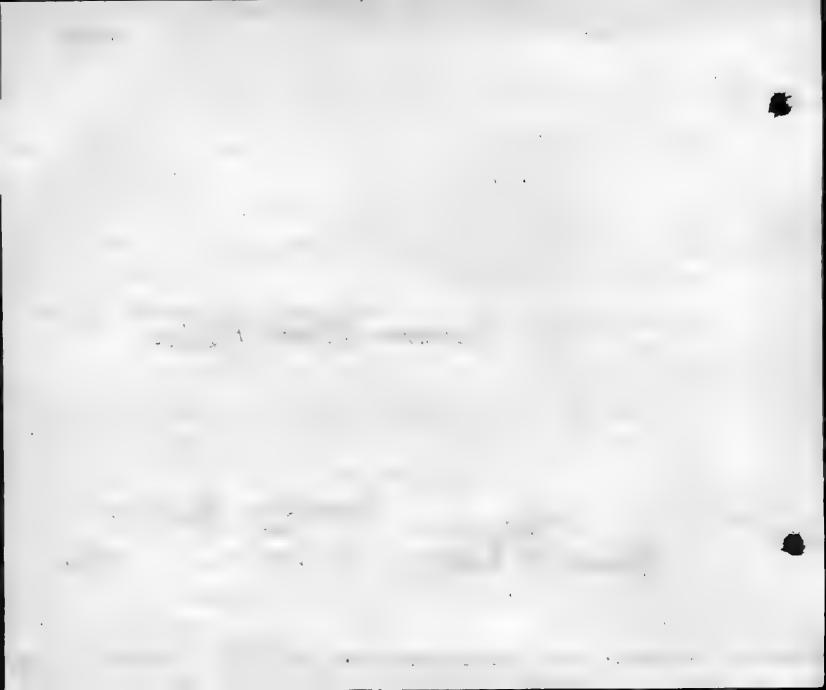
** TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in afty event, within 72 hours after death.

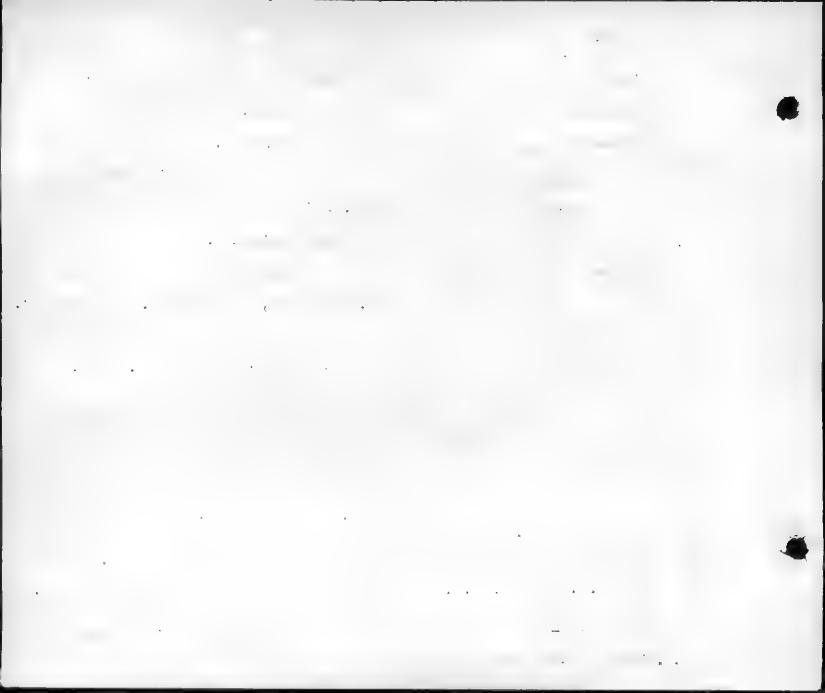
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	ACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
۸	COUNTY BALTIMERE MARYLAND	a. STATE 1
b. 4	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CHY OR TOWN (If outside corporate km ts, write RURAL and give nearest town)
	write RURAL and give nearest town]	Y-182 - 1
- d.	NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress)	d. STREET ADDRESS . IS RES DENCE
	2305 Pott Spring Road	1 12 05 D. TT SOO W. AL ON A FARM?
- NI	AME OF Frat Middle	Last A DATE Month Day Year
DE	CEASED 1/1/	OF A
	- Joine V. 11. Marcay	DEATH April 8, 19 62
5. SE	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGÉ (In yeers IF UNDER I YEAR IF UNDER 24 HRS. Jast birthday Months Days Hours Min.
11	lale hite W DOWED DIVORCED p	449 21, 1894 67 yrs.
	USUAL OCCUPATION (Give kind of work during most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
R	etired Penna. R.R.	MARYLAND LLSA
13. F/	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	KOBERT E. MURRAY	HEIRN
15 W	AS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17, 1	NFORMANT
(100)	1	Uldred N. MURIPHY SAME
18	CAUSE OF DEATH [Enter only one cause per time for ,a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Homach Tuver
	DUE TO	
c	onditions, it arry, which (b)	
9	ave rise to immediate cause	
	ause last. (c)	
Z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
[ĕ]		PERFORMED? YES TO NO TA-
CERTIFICATION	DO. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part (or Part II of)tam 18.)
	R CONTRIBUTING [] CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER]	
₹ 20	Oc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED , 20e. PLA	CE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (State)
MEDICAL	Hour e.m. While Not While fact	ory, street, office bldg., etc.)
	p.m. 19	Maril 15 1620 (1) 218 162
	I. I certify that (I) (this harpital) attended the deceased from	1907 to(4000), 1907, that (I) (we) last
_	aw the deceased alive on	death occured at J.M., from the causes and on the date stated above.
	Langue (V X)	ATTENDING MED. STAFF SIGNED
22	Zc. PHYSICIAN'S	D PHYS DIRECTOR PHYS. 470 G
-	NAME (Typo) Laurence Post	6805 11-1 Parl
2		OR CREMATORY 23d. LOCATION (City, town or county) (State)
	MOVAL (Specify)	as MATH P 11 The 12 of 12
13	NRIHL 4/10/62 13/4/1/1901	RE IVITIA I JOHAN WOLLDON OF THE PROGRAMME CONTINUES
24 FU	INERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
Le	onara y. Nuck, Inc 5305 Hargord	Rd. DATE Criting S. Keny





death. Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate is director, page 3 should be detached for use as the be filed with the State Dept. of Health prior to bur

VR A15 (4) 15M 9/60

	Y.		
ours affer	in by the funeral	1 and 2 should	har death
WITHIN	filled	Pages	HIPC SAF
executed	completely	on papers.	thin 70 ho
COLUNICATE DO	hysician and	remove carbo	nov avent, wi
o unean eur s	d attending pl	Then please	oval, and in a
The law requires that the beath certificate be executed within	arrending providers. The attending physician and completely filled in by the funeral	s burial-transit permit. Then please remove carbon papers. Pages I and 2 should	rial, cremation, or removal, and in any event, within 72 hours after death
1	has	ď.	C

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04295 CERTIFICATE OF DEATH

08000

- 3	200					112437
1. PLACE OF DEATH		1				asidance bafore admission
	imore	MARYLAND	a. STATE MAT	ryland	L. COUNTY	14 '
b. CITY OR TOWN (If or	ats de corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL end	give nearest town)
write RURAL and giv			x Edge	mere		
		it in hospital, give straet address)	d. STREET ADDRESS		-	. IS RESIDENCE
2526 Syca	more Avenue		2526 Sycs	more Avenu	e	ON A FARM?
3. NAME OF	First	Midd a	Last	4. DATE	Month	Day Year
DECEASED (Type or print)	Luthe	179	Owens	OF DEATH	Arpil	13 1962
5. SEX 16.			DATE OF BIRTH	9. AGE	In years IF UNDER 1	
Male			August 14, 1	last bi		Pays Hours Min.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTR				ZEN OF WHAT COUNTRY
done during most of workin	g lifa, avan if retirad)					J.S.A.
Steel Work	er	Steel Mill	Augusta,			7. O. A.
John Owens		2 14 500141 51010177 140	Unknown	1	A d d	
(Yas, no, or unkown) (If yas		? 16, SOCIAL SECURITY NO. 17, 1		_	Address	4
Yes	WW I		uther Owens,	Jr 252	6 Sycamore	
		se par line for (a), (b), end (c).]	1 0	1		ONSET AND DEATH,
PART I. DEATH W	MEDIATE CAUSE (e)	cent omyoca	-dial in	yacun		10 minutes
24	DUE TO	11		U		
Conditions, if any, w	which 7 (b) 7	Hypertensed (Codeovosce	la devea	al	20 years
gave rise to immediate (a), stating the unda	DITE TO	71				V
causa last.	riying (e)					
PART II. OTHER SIE	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNAL 20b. ACC DENT WAS OR CONTRIBUTING IF EITHER, NOTIFY ME						YES NO 4
208. ACC DENT WAS	JNDERLYING [] 20	b. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of item	16.)	
OR CONTRIBUTING []						
ZOG. TIME OF INJURY	Month, Day, Yaar	1 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, far	m, 1 20f. (City or tow	n) (Cour	nty) (State)
20c. TIME OF INJURY Hour e.m.		While Not While fact	ory, streat, office bldg., at	c.]		
	19		2-13	10/2. (7.	- 12 12	(2
	/h	attended the deceased from		19.50 - to		n.元, that (I) (we) las
saw the deceased	alive on	19 62, and that	death occured at		causes and on th	
22a. SIGNATURE	V. P.	an h D	ATTENDING	MED. STA		22b, DATE SIGNED
10 cm	(onw	M. M.	.D. PHYS.	DIRECTOR PHY	s. 📋	4-13-6)
22c. PHYSICIAN'S NAME (Typa)	ohu V. Con	IWAY, M.D	914 D	STREET	BALT	0.19, md.
23a. BURIAL, CREMATION		F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, lown or county) (State)
REMOVAL (Specify)	4-17-62	Baltimore N	ational	Baltimo	re, Maryla	and
24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25e. RI	C'D BY REGISTRAR	256. REGISTRAR'S S	GIGNATURE
Charles R	Tour \$02 Med	Hison Awa Balto	MA DANE	n 1 7 '62	arthur 9 4	and.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L	[]	4236		CERTIF	IC.	ATE OF DEAT	Н		Reg. D	ist. (lg.	129	93
1.	PLACE OF DEATH o. COUNTY Be	altimore		MARYL	AND	2. USUAL RESIDENCE (W	Vhere deceas	ed lived. If institution b. COUNTY	on: Reside	nce befo	re admiss	ion)
	b. CITY OR TOWN (I RURAL and give no	f outside corporale limi	its, write	c. LENGTH OF STAY IN	4 1Ь	c. CITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond	give nec	arest fowr	n)
	Baltin	,				Baltimo	re			3 V	71-1	4
Г		AL (If not in hospital, s	give street o	oddress)		d. STREET ADDRESS					e. IS RES	SIDENCE FARM?
	Forest	Haven Nu	rsin	g Home		405 E.	Hambu	irg St.				NO [
3	NAME OF	Fit		Middle		Lost	4. DATE	Моп	th	Do	у	Yeor
	DECEASED (Type or print)	MYR	TLE	В.	PEF	ERSACK	DEATH	4 Apri	1	4,		19 62
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
	F	W	WIDOWE	DIVORCED		3/22/1886		lost birthdoy) 76 yrs.	Months	Doys	Hours	Min,
100	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (SION	e or foreign	country)	12. CI	TIZEN C	F WHAT	COUNTR
1	Housewi		'			Baltimo	re. N	id.				
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					****	
	George	B. North				Marclen	a Ozn	non				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. II	NFORMANT		Add	ress			
L	-	are me	el vice)	mp ***	Fr	ancis J. P	epers	ack 731	8 Yo	rkt	own	Dr.
	18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (o), (b), and (c).]		-				INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 2	REGUIN DE	16	1071 10121	1916 -	- inda	HAR	ONS	SET AND	DEATH
	51	O DUE TO		1000000	10	VI MUNINAKY						
	Conditions, if or	ny, which)	1/	11/10/1		d to the working	6 8	C 401 10				
	gove rise to it	mmediate)	11111118	J'	M1866-17	4/3					
	Lying couse lost.	te under-	3									
S S	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION											YES [NO [
Ē	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Port I or Po	rt II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			Oe. PL	ACE OF INJURY (Home, for	m, 20f. (Ci	ly or town)	(County)		(State)
MED	Hour o.m.	19	While of work	Not while at work	100	story, street, office bldg., et	(C.)					
Г	21. I certify th	at I attended the	decease	ed from 7//		, 19 <i>C_C_</i> , ta	2// 1	1962	that I	lost so	w the	decease
	alive an	100		and that o	leath	_	2 6 Fra	m the causes a				
	77	7		7/1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occomed act - 5-7;	/	Street, city or town,		ile uu		ATE SIGNE
	ACTUAL SIGNATURE	L. P.	1 p	Illen 1		M.D. DEAU	E 0 14	ONN MCOW	12-110	-	4	Int.
	-/	* Con	10	1 Care		M.V. and Sale State		المنظر المنظم	17		/-/	-6-76
	PHYSICIAN'S NAME (Type)	I What i	2/-	C/01211/12	2/17	BAL	1. 7-	8. 1200	7		/	,
220	BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY O	R CREMATORY	22d. LOC/	TION (City, town, o	or county)		(Stot	e)
	REMOVAL (Specify) Burial	4/7/62		Holy Red	de e	mer		ltimore	**		,	

Holy Redeemer

24b. REGISTRAR'S SIGNATURE

Chilman S. Thank

24a. REC'D BY REGISTRAR DATE APR 1 0 '62

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

eath. Page 4

23. FUNERAL DIRECTOR'S SIGNATURE



IO HOSPITAL
death. Page 4 r.W. be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled it in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL PESSABCH AND PECOPDS, 301 W. DESTON STREET, BALTIMORE 1, MARYLAND

_			
1	4297	CERTIFICATE	OF DEATH

m Funeral Home 7401Belair Road

04294

1,	PLACE OF DEATH				DENCE (Where			dence before admission)
	a. COUNTY	Balto.	MARYLAND	a. STATE	Md	b. COUNTY	Balt	0
_	b. CITY OR TOWN (if o	utside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside co	orporate limits, write R	URAL and gi	ve neerest town)
	write RURAL and gi	Marsh	10 vrs	X White M	iarsh			
-		OR INSTITUTION (If not in h		d. STREET ADDI				e. IS RESIDENCE
	Da 1 0.72	Ponch Arrange		Box	1027 R	each Avenu	6	YES NO DO
3.	NAME OF	Beach Avenue	Middle	Last	4. DATE			lay Year
	DECEASED [Type or print]	Charles		kington	OF	1.		18 1962
15				. DATE OF BIRTH		9. AGE (In years If		
0.		COLOR OR RACE 7, MARE	_		0.00		Months: Day	
10	Male	White WIDOV		8_ 12_ 18		04.ул.		
de	e. USUAL OCCUPATION one during most of works	ng life, even if retired)	KIND OF BUSINESS OR INDUSTR			or foreign country)		N OF WHAT COUNTRY?
	Silver	Smith G	orham Co	Englan	161		U	SA
13.	. FATHER'S NAME	1 7 71771.2	4	14. MOTHER'S MA		mma King		
	2	Samuel Pilking	ton		إنا	mile write		
15.	. WAS DECEASED EVER	IN U.S. ARMED FORCES? 10 agive wer or dates of service)		INFORMANT		Address		
	No	2110 Me1 Ol dala20 344 AICa)	037-05-0026 Mr	s OliveL.	Bragg	Box 1027	Beach	Avenue
	18. CAUSE OF DEA	TH Enter only one cause pe	r lina for (a), (b), end (c).]					INTERVAL BETWEEN
		WAS CAUSED BY: (a)	Severe Myocar	dial Isc	hemia			2 WKS.
	702	DUE TO	*		-		-	
	Conditions, Lany,	A1	uto immune he	molytic	diseas	e,chroni	C	several
	gave rise to immediate	cause n	rogressive a	nemia				yrs.
	(a), slating the under	arlying DUE TO E	-					•
_	~	GNISICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE T	EDMINIAL PUCEAS	E CONDITION CIVEN	I IAI BADT To	110 WAS AUTORSY
		_	retention du			_		PERFORMED?
TCA							1110110	YES NO X
CERTIFICATION	20a. ACCIDENT WAS	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Enter pature of injui	ry in Part I or Par	t II of item 18.)		
	(IF EITHER, NOTIFY M							
MEDICAL	20c. TIME OF INJURY	Month, Day, Year 20c		CE OF INJURY (Home tory, street, office bldg		lity or town)	(County)	(Stete)
WE	p.m.		ork at work		i			
			nded the deceased from					
	saw the deceased	alive on April		death occured a	a8:30.M, fre	om the causes ar	id on the	date stated above,
	22a. SIGNATURE	1 0	1					22b. DATE
	- her	don R. 1	M	ATTENDING PHYS.	MED, DIRECTOR	PHYS.		4/19/62
	22c. PHYSICIAN S			22d. ADDRESS	_	-		11 - 1 =
	NAME (Type)	Theodore E.	Evans, M.D.	9660	Belai	r Rd36	-Md	
23		I, 23b. DATE THEREOF	23c, NAME OF CEMETERY			CATION (C ty, lown		(State)
	REMOVAL (Specify) Burial	4-21-1962	St John's Ep:	ic. Cemeter	ry Ki	ngsville		Md.
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25a.	REC'D BY REG	1STRAR 256. REGIS	TRAR'S SIGI	NATURE
-	PN	1171	t ' 24		APR 23	162 Chi	hun S. Ti	raus

VR A1S (4) 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04298	CERTIFICATE OF DEATH	04295
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE 108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 15. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Hyesgive werordeles of service) UNKNOWN 18. CAUSE OF DEATH (Enter only one ceuse per lease of the part Lefath was Calisford.)	maryland c. Length of Stay in 16 3 8yr8mth29dys Baltimore d. Street address PITAL Medic Henry Plitt Divorced Feb. 17, 1900 Cind of Business or industry Maryland 14. Mother's Maiden Name PLitt Social Security No. 17. Informant unknown Records: SPRING	P. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) 62 yrs. Months Deys Hours Min.
20s. ACC DENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m., p.m. 19 while of wor 20d. While of wor 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Stella Wachs:	Indeed the deceased from July 24 18 23 1 26 19 62 and that death occured at 3:00 M, find the deceased from Phys. MED. DIRECTOR 22d ADDRESS SPRING Catons	PERFORMED? YES NO NO NO NO NO NO NO N
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) April 28, 1962 24 FUNERAL DIRECTOR'S SIGNATURE	Landon Park Cem. 19	OCATION (City, town or county) (Steve) Attimuse M. GISTRAR 25b. REGISTRAR'S SIGNATURE
1/24 FUNERAL DIRECTOR'S SIGNATURE	3512 FRE deput August 1PR 3	0 '62 Cilling 1. Thank

TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within bours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth.



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5/4/62 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Baltimore MARYLAND C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerest town) b. CITY OR TOWN (f outs de corporata I m.ts. write RURAL and give neerest town) Owings Mills Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospilar, give street address) hours after Pages . IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO 🔽 Rosewood State Training School Wayne Avenue completely 3. NAME OF paper: DECEASED OF DEATH (Type or print) 19 William PLUMMER withn подлез 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & 19. AGE (In yeers I JNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and last birthdey | Months | Days WIDOWED DIVORCED 2/20/1888 Male physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Baltimore, Maryland dependent none 14. MOTHER'S MAIDEN NAME Henry G. Plunmer

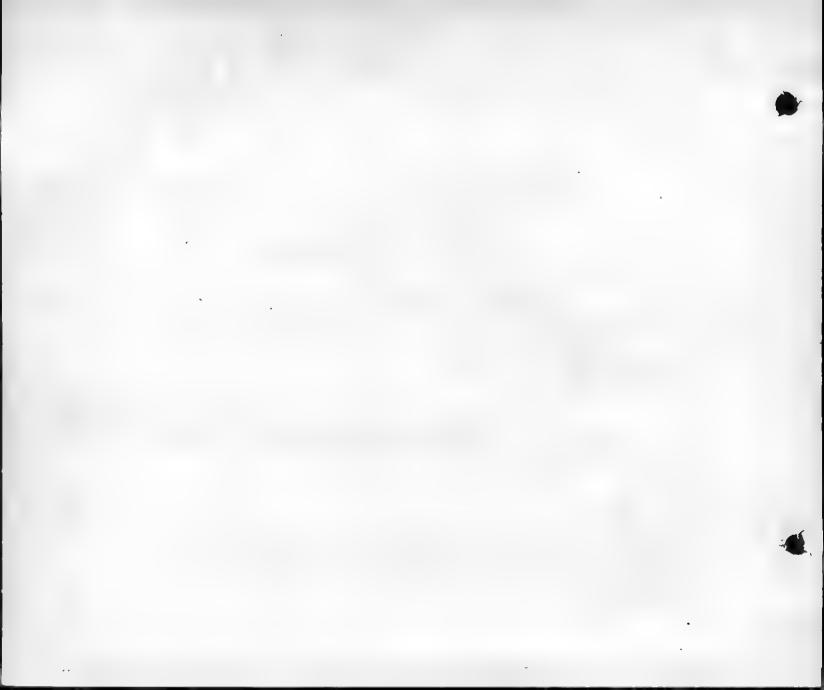
15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ella V. Murdock Address (Yes, no, or unkown) (Ifyesg vewarordatesofservice) Rosewood Records, Owings Mills Md g physician signed by It 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Uremia 1 month IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation. **DUE TO** Carcinoma of bladder with invasion, muscular and Conditions, if any, which left ureters gave rise to mmediate cause DUE TO (e), stelling the underlying (c) Nephro-sclerosis, senila PART II. OTHER S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO DE Mental retardation with behavioral reaction, idiopathic. Hemaplegia, upper 🗆 206. ACCIDENT WAS UNDERLY NG] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After t 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work TOR saw the deceased alive on... ATTENDING 22e. SIGNATURE SIGNED 1962 DIRECTOR PHYS. PHYS. April PHYSICIAN S M.D. O HOSPITAL
death Page 4
TO FUNERAL director, page be filed with th 22d. ADDRESS NAME (Type) Rosewood Lane, Owings Mills, Maryland Harry G. Butler, M.D. 23d. LOCATION (City, town or county) 23c, NAME OF CEMETERY OR CREMATORY . 23b. DATE THEREOF 23e. BURIAL, CREMATION, REMOVAL (Specify) OF. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNDRAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60



	tem 10 Film 514 6/4/ WARYLAND STATE DEPARTMENT OF HEALTH
	O / Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE
FOR STATE	84300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04297
HEALTH DEPT	1. PLACE OF DEATH LESIDENCE (Where deceased lived, If institut on Residence before admission)
2º 2	a. COUNTY a. STATE b. COUNTY
essery, r. Page files. Haalth,	Baltimore Maryland Maryland
driver. Pag	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town)
direct your	5 Months 4 days P. Jackson 2 4
for) A	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS
delar delar	Spring Grove State Hospital 1124 W. Pratt Street
fundinne trate	3. NAME OF First Middle last 1.4. DATE Month
he set and de Set	DECEASED
h. T.	ADVII 1962
d 3 with	5. SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
an and 2	Whit! WIDOWED DIVORCED August 1. 1917 Ill you
\$ 4 2 E E E	10a. USUAL OCCUPATION (Give kind of work dops of the state of south of the state of
Page 1	PIPE COVERER CONT BALTO MICE
Pag N3.	13. FATHER'S NAME
PW P	ALBERT 1) POCKLINGTON MARGARET HORWOOD
近の音画館、十八	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 46. SOCIAL SECURITY NO. 17. INFORMANT (You need unknown) ((franctive war or deles of service))
d with 18.	(Yes, not grunkown) (If yes give war or dates of service) 1/40-01-14x1 Cherchine O. For Kling ton Peath It
wit wit per am	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
xecu I in I ong Insit	ONSET AND DEATH
alo alo anc	IMMEDIATE CAUSE (a) Bronchopneumonia with abscess formation
d by	ODAX General paresis
shout g" in s Off a Blun	Conditions, if any, which \((b)
1.5 P. 1.	gave rise to immediate cause (a), stating the underlying DUE TO
cate indiine	couse last. (c)
"pe ", pe use long	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 61 19. WAS AUTOPSY
vord Cal E	PERFORMED?
edica ouls	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part or
A Me	PRIMARY OF CONTRIBUTING CONTRIBUTING
ing ing	
A Page	Hour a.m. While Not While factory, street, office bldg., etc.]
in the XX	
D O o	21. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 🔲, Inquiry 🔲, and in my opinion
MEDICA to the certification of	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
Var. Var.	CHIEF MEDICAL EXAMINER
A TO DE	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
TUTY Nexecute Id be for IEEE IN lesignale	DEPITY MEDICAL EVAMINED
	NAME (Type) R. Breitenecker, M. D. Address (Street, city, lown, or county) April 8, 1962
DEPUT	226 JURIAL CREMATION (226. DATE THEREOF 22. NAME OF EMETERY OF CREMATORY 1 [22d. LOCATION (Soy, town, of equintry) (State)
00400	BREMOVAL (Specify) 10 April 196 houdon Park CEM 199 Lto Mix
H H	21. FUNERAL D RECIDE / ADDRESS / ADD
VS. A15ME	NOTIC Walter too H v Stricker H5 APR 10'62 arthur & thouse
5M 9/60	DATE OF THE PARTY
	,



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 12 & CERTIFICATE OF DEATH 84391 director Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND BALTIMORE b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) HO UNS should BALTIMOR d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 20 500 DURWOOD 7500 RUDOD YES NO D Ē 3. NAME OF Middle 4. DATE Day Year filled DECEASED (Type or print) DEATH NTHONY 24 1962 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manths Days WIDOWED [DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CAPLAN during most of working life, even if retired) 13. FATHER'S NAME JACOB KATHERINE unknown Podles IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address DURWOOD CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 14 20a. ACCIDENT WAS UNDERLYING [286. DESCRIME HOW INJURY OCCURRED (Enter nature of injury in Parl I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) While Not while at wark at wark p, m March 1962that I lost sow the deceased 196/ to 21. I certify that I offended the deceased from ____ and that death occurred at 4 A M, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED shavld Boet sy Nd the registrar PHYSICIAN'S FUNERAL NAME (Type) n 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) page (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 1005 VS A15 (4) DATE APR 2 6 '62 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY e. STATE Baltimore MARYLAND b, CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) after Fert Heward filled Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9001 Veterans Administration Hospital completely 3. NAME OF Middle Last 4. DECEASED (Type or print) carbon pa JOHN SR. 6. COLOR OR RACE , 7. MARRIED THEYER MARRIED DATE OF BIRTH and Male White WIDOWED X DIVORCED physician 10a, USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Foundry Shipping Clerk Base | 13. FATHER'S NAME .⊑ Then please John Rainey 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 116 SOCIAL SECURITY NO. 17. INFORMANT or removal, (Yas, no, or unkown) i (Ifyes give war or deles of service) DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. I 216-07-1558 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: CIRRHOSIS OF LIVER IMMEDIATE CAUSE (a) DUE TO CHRONIC USE OF ALCOHOL (6) geve rise to immediate cause DUE TO burial, (a), stehng the underlying cause last NO. 35 CERTIFICATI MALNUTRITION. PEPTIC ULCER 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While WEDI Hour a.m. While at work at work p.m. () (this hospitel) attended the deceased from April 1962 saw the deceased alve on ADTL. 22n SIGNATURE ATTENDING m MED PHYS. 22c PHYSICIAN'S 22d. ADDRESS

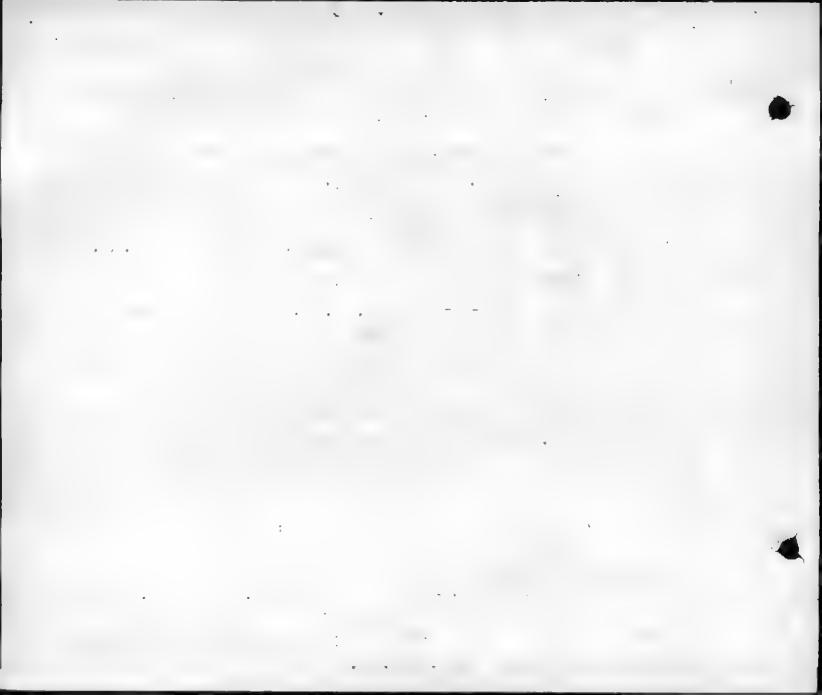
Ellsworth Armacost Funeral Chapel Balto. Md.

2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before edmission) b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstewn e. IS RESIDENCE ON A FARM? Liberty Road YES NO X DATE Month OF DEATH 1962 9. AGE (In years | IF UNDER 1 YEAR , IF UNDER 24 HRS last birthday) Months Hours 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Baltimom. Marvland U.S.A. MOTHER'S MAIDEN NAME Mary Connelly Address Clin. Rec. VAH, Fort Howard, Maryland INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN PART II. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of ilem 18.) 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (State) 12,62 to Apri 22b, DATE 162 SIGNED STAFF /8 DIRECTOR PHYS. NAME (Type) DANIEL R. ZOLL, M.D HOSPITAL, FORT HONARD, MARYLAND 23d. LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF (Stete) REMOVAL (Specify) 4/11/62 New Cathedral Cemetery Baltimore, Maryland Burrial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS

DATE

death. Page 4 in TO FUNERAL I director, page 3 be filed with the

VR A1S (4) 15M 7/61



ARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Reside a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (flouts de corporete limits, write RURAL and give nearest town) write RURA, and give nearest town) after (Jundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE hours a ON A FARM? Willow Road YES NO 3. NAME OF Middle a DECEASED (Typa or print) DEATH 19 9. AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS DATE OF BIRTH 7. MARRIED FY NEVER MARRIED last birthday) Months Days Hours male WIDOWED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF RUS NESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working-life, even if ret jed onductor (treight 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME irace Ann true 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) | (If yes give war or detes of sarvice) Rosalie same 18/ CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate causa **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? MUIN NO 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part II or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) fectory, streat, office bldg., etc.) While Hour a.m. Not While at work at work 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR death, Page 4

TO FUNERAL 1

director, page 3

be filed with the 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) 23d, LOCATION (City, Iown or county) (State) 23e, BURIAL, CREMATION, | 23b. REMOVAL (Spacify) 24 FLINERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thouse 15M 9/80

Pages 1 filled i

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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY e. STATE **b.** COUNTY Baltimor e Maryland MARYLAND b. CITY OR TOWN (if outside comparate I m.ls. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Gatonsville 22 days = Balti..ore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Letitia 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 Anna Razgaitis 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) and Months Deys House female whi te WIDOWED T DIVORCED IDe. USUAL OCCUPATION (Give kind of work JOB LIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) physician remove 12. CITIZEN OF WHAT COUNTRY? done during most of working Lineaven if retired) U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 attending pleas unknown unknown and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Then (Yes, no. or unkown) ! (If yes give we rordates of service) Records: GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e,, ,b), and (c)] ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which (b) geve risa to immadiate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART Hell 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 98 NO 1 200. ACCIDENT WAS UNDERLYING ZDb. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. el work al work saw the deceased alive on ADIN 1 DIREC 3 shoul 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED 4-16-62 DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 director, page, 22d. ADDRESS 22c. PHYSICIAN'S STATE HOSPITAL NAME (Type) Stella whichsler Catonsville rary NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, lown or county) 23a. BUR AL, CREMATION, 23c. REMOYAL (Spec fy) 0 H 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR'S VR A15 (4) Orthur S. House 15M 9/60

. r.e 27

ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution, Residence before admission) #. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate) mits. E. LENGTH OF STAY IN 16 c CITY OR TOWN III outside corporete limits, write RURAL and give paerest town write RURAL and give neerest town) MIONSVILLE Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addies) IS RESIDENCE ON A FARM YES NO NAME OF M ddla DECEASED (Type or print) DEATH carbon AGE (In years | IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B DATE OF BIRTH F UNDER 24 HRS last birthday) WIDOWED D DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? MR. JOSEPH B. REA MISSON) 4736 FREDERICK AUE, BALTO, 29, MD (Yas, no, or unkown) (Ifyesgivewarordalesofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., and fe),] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Depertusive Celetio Vascalar Clinas C gava r.sa to immadiata cause (e), stating the undarlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of Itam IB) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF (NJURY (Home, farm, 20l. (City or town) (County) (Stata) factory, streat, office bldg., atc.) Not Whila Hour e.m. at work at work 62, and that death occured at 40K, from the causes and on the date stated above. saw the deceased alive on... 228 S GNATURE 225, DATE SIGNED ATTEND NG DIRECTOR PHYS. 22c PHYSICIAN'S 22d ADDRESS Broke mus NAME (Type! director, i 23c. NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION 236 DATE THEREOF 23d LOCATION (City, Jown or county) 25. REGIO BY REGISTRAR 256 REGISTRAR'S SIGNATURE 15M 7761 arthur & thouse EDMINDSON AUE DATE

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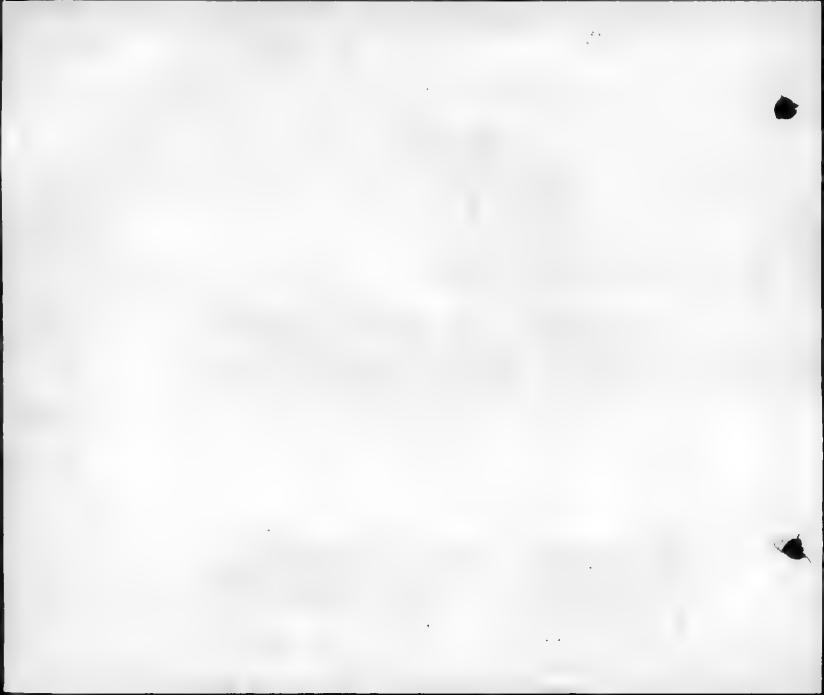
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pue

phyllician

O HOSPITAL death. Page 4 O FUNERAL

ARYLAND STATE DEPARTMENT OF HEALTH



12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Clin.Rec. VAH. Fort Howard, Maryland INTÉRVAL BETWEEN ON' ' AND DEATH ? MINUTES ERTENSIVE AND ARTERTOSCLEROTIC CARDIOVASCULAR PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO TH (State) (County) Trom the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, lown or county) 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm.Cook-Blight, 6009 Harford Road, Baltimore 14 2 7 '62 ming & Thouse

Howard

Months

a. IS RESIDENCE ON A FARM?

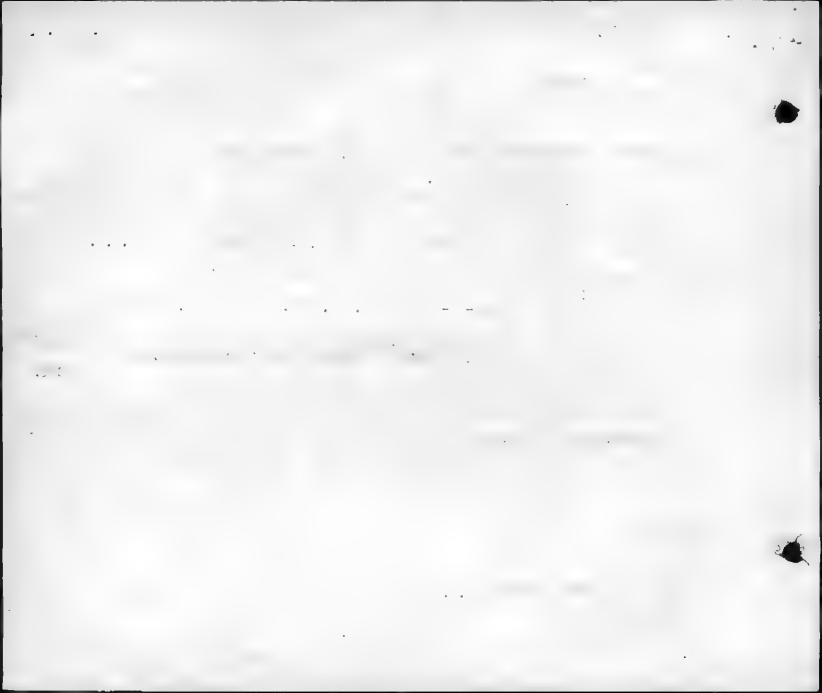
YES NO

19 62

IF JNDER 24 HRS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04307 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY B. COUNTY Baltimore MARYLAND CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN Uf autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural: Towson d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION FULLOWOOD Sanatorium d. STREET ADDRESS IS RES DENCE ON A FARM? 4. Maryland Towson YES NO D NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthdoy) Months WIDOWED | DIVORCED | 100, USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVE ARMED FORCES? 16 SOCIAL SECURITY NO. 77. INFORMANT Personal History & Hospital Records, Eudowood 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] a) Bronchogenic Carcinoma, Teft INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH COXXXXXXXXXXX lower lobe. 10 Wara ventricular failure with pulmonary oedema Conditions, if any, which gove rite to immediate marked pulmonary emphysema. be DUE TO couse (a), slating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from ARMIL , 19 5/ta ARMIL , 196/that I last saw the deceased ___, and that death accurred at ______. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Kress. PHYSICIAN'S Eudowood Sanatorium Towson 4, Maryland NAME (Type) FUNER 220. BURIAL, CREMATION. 22b. DATE THEREOF 22r. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) AREMQUAL (Specify) ESVI

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24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cicher & Hanne

Year

1965

(State)

DATE SIGNED

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QF, STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before admiss on) . PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Baltimore Morvi and MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if oulside corporate limits. write RURAL and give nearest town) Catonsville Baltimore after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? 310 S. Broadway YES NO SPRING A DATE Month 3. NAME OF Middle DECEASED April DEATH 19 62 (Typa or print) Roberts Frances 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. LEVER MARRIED lest birthday) Months WIDOWEDY DIVORCED white female 10a. USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fora.gn country) dona during most of working life, even if ratirad) Germany Germany housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marv Joseph Kleis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) i (If yes give war or dates of sarvice) STAIL HOUTTAL Records: SPRING unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO . Cardio Vare, Droune Conditions, if any, which gava risa to immediata cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO B 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS LINDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) Not While White Hour a.m. at work at work 21. I certify that (I (this hospital) attended the deceased from..... July 21 19.37 L...... 19 6.4, and that death occured at 32 M, from the causes and on the date stated above saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, I 25a. REC'D BY REGISTRAR \ 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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11	.,		MARYLAND STATE DEPARTMENT OF HEALTH
I 4)			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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tten en el, è		15. (Ye	and or unknown) ((Missa avanuary determinent)
at the		-	216012653H CARROLL RORDER
s th y th ren			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] NIERVAL BETWEEN ONSET AND DEATH
vira /sid ber per			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
req Phy Sit ion,			420,0 DUE TO
ing ing sn s -fra			Conditions, if any, which \ (b) Generalized arteriosclerosis
end bee bee			gave rise to immediate cause (a), stating the underlying DUE TO
has has a bu			causa last. (c)
AN Part of the par	7	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
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표 하다 구		1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Fer the Fer th		Z Z	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Af Af af a d		MEDICAL	Hour a.m. While Not While lactory, street, office bldg., etc.]
E Gair			21 Legetify that 20 (this hospital) attended the deceased from Jan. 30
P P P P P P P P P P P P P P P P P P P			saw the deceased alive on. April 221962 , and that death occurred atM, from the causes and on the date stated above.
NE Hou			22a SIGNATURE
DE DE SE			Stoppa Washer M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14-23-62
AL AL	- /		226 PHYSICIAN S 224 ADDRESS SPRING PROVE STATE HOSPITAT.
HOSPIT Ith. Pag FUNER scfor, pe	1		NAME (Type) Stella Wachsler, M. D. Caton wille 28, Maryland
in the second se		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Code at the part of the part o	^		BURIAL 4/26/62 New CATHERRAL BALTIMORE INC
VR A15 (4)	1	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	B.	1	The Rundo Jun 5305 HIRFORD Rd, DATE APR 30 62 author & thank
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10			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ing east			Patrick Rogers Mary O'Donnell
de de la		15.	WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
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that the the			INTERVAL BETWEEN
icial by by erm			PARTI, DEATH WAS CAUSED BY: Antonia Cofonation Hopet Diegase ONSET AND GRATH
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tain tain DR:		~	21. I certify that W (this hospital) attended the deceased from
200			saw the deceased alive on
tate			22h DATE
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Page FERA Page, pag	1		MAME (TYPE) SPRING BROVESTATE HOSP. SPRING GROVE STATE HOSP.
the close	^	23	. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siste)
Colored H	4		BURIAL Baltimore Cemetery Baltimore Baltimore
VR A15 (4)	4,	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60	1	WI	Cook-Towson, Inc., 1050 York Road, TOWSON 4mMd DATE GPR 10'62

MARYLAND STATE DEPARTMENT OF HEALTH



OUNSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 DATE OF DEATH I NAME OF DECEASED Type or Print] USUAL RESIDENCE Where deceased lived. If institution, residence before admission 3 PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE þ JIF NOT IN HOSPITAL OR INSTITUTION GIVE STREET FULL NAME OF ADDRESS OR LOCATION! completely filled in HOSPITAL OR C. CITY OR TOWN AGE (In years B DATE OF BIRTH s SEX SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) lost birthdoy! carbon male and IOB KIND OF BUSINESS OR INDUSTRY 10A USUAL OCCUPATION Give and of wire physician done during most of working te even fire red remove ont. an atchman 13. FATHER'S NAME please John Lugust Komrie 16. SOC AL Then SECURITY NO. [Yes no or unknown] [If yes give wor or dates of service] Φ ig plywician. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., peen heart failure, astheria, etc. It means the disease, injury or complication which caused death.) may be retained by the hospital or att.
DIRECTOR: After this certificate has 3 should be detached for use as the bu ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. prior OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 21F. HOW DID INJURY OCCUR? 21D TIME + (Month) (Day) (Year) 21E INJURY OCCURRED (Hour) Ť0 OF INJURY -NOT WHILE ! WHILE AT AT WORK 22. I certify that (A) (this hospital) attended the deceased fram that (1) (we) Jost saw the deceased a ive an and that in (my) (aur) aginian death occurred at........ m from the causes and on the date stated obave death. Page A record for FUNERAL I director, page 3 be filed with the 23A. SIGNATURE 23B ADDRESS ATTENDING PHYS Z MEDI DIRECTOR STAFE PHYS. [7] 24A, BURIAL, CREMATION. 248. DATE 24D, LOCATION 24C NAME of CEMETERY or CREMATORY REMOVAL (Specity) emeteri

VR A15 (4) 15M 9/60

25C FUNERAL DIRECTOR

23C DATE SIGNED

If Under 24 Hrs

If Under I Yr

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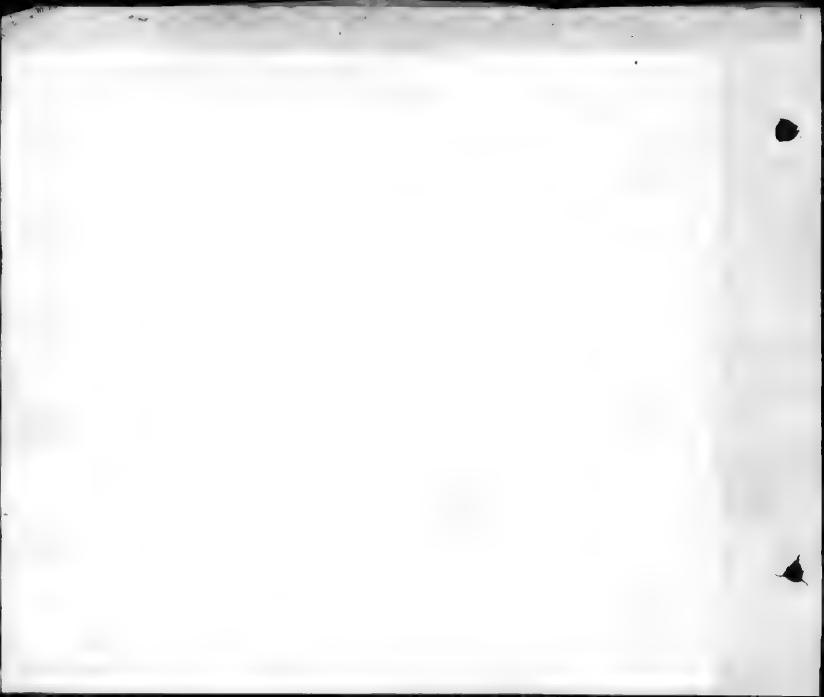
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

CITIZEN OF



MARYLAND STATE DEPARTMENT OF HEALTH **ESTON STREET, BALTIMORE 1, MARYLAND** PLACE OF DEATH USUAL RESIDENCE (Where decressed lived, If institutions Residence before admission) e. COUNTY **b.** COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) write RURAL end give nearest town] after Glen Arm Glen Arm d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Long Green Road Long Green Road YES NO 3. NAME OF DATE Month M ddle DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF JNDER 24 HRS. AGE In year 17. MARRIED T and last birthday) WIDOWED 4 DIVORCED 1 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS.NESS OR INDUSTRY CE (County & State, or foreign country) , 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore County U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Lilly Dilworth Arthur R. Clayton ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Then Address (Yes, no, or unkown) (fyes give wer or detes of service) Elmer L. Russell, Long Green Rodd, Glen Arm, Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] ONSET AND DEATH occlusion DEATH WAS CAUSED BY. PAMEDIATE CAUSE (8) burial-transit **DUE TO** my, which gove rise to Immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY SE PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of item 18.) 20e, ACCIDENT WAS JNDERLY NG [OR CONTR BUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour s.m. p.m. TOR: 21. I certify that (I) (this hospital) attended the deceased from 5 5.10. from the Jauses and on the date stated above. saw the deceased alive on196 and that death occured at DATE 22e. SIGNATURE ATTENDING SIGNED PHYS DIRECTOR PHYS. death. Page 4 of FUNERAL I director, page 3 be filed with the MD 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type William A. Tyson Kingsville, Maryland 23e. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURYAT (Specify) 4-24-62 Fork Methodist Church Cemetery, Fork, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) William Cook-Towson, Inc., 1050 York Rd. Towson 4 DAYE PB 2 15M 9/60 women & Thouse



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on A. COUNTY **b.** COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest town) write RURAL and give nearest town) Rural- Hernwood, Randalls town affer Rural- Hernwood, Randallstown, Maryland Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Marriottsville Road Marriottsville Road YES NO X papers. NAME OF Middle 4. DATE Month Dev Year 72 DECEASED OF (Type or print) Mrs. Frances Hunter Saumenig DEATH April 14 19 62 withir carbon 6. COLOR OR RACE 7 MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. pue last birthday) Months Davs Female WIDOWED DIVORCED □ | July 31, 1877 84 physician Гетом Jos. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife U.S.A. None Marriottsville. Marvland 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending John Butler Mahala Woodward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address riottsville Road (Yes, no, or unkown) (If yes give war or detes of service Miss Mary J. Saumenig. Randalls town, Maryland None 18. CAUSE OF DEATH (Enter only one cause per (use for (a), (b), and (c), signed by PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Gerotino Heart Designe Conditions, if any, gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART THEIR 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Peri I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED | (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. at work et work D.M 21. I certify that (I) (this hospital) attended the deceased from Demand that death occurred alziss. M. from the causes and on the date stated above. saw the deceased alive on..... DATE 22a. SIGNATURE death. Page 4 of FUNERAL PHYS. DIRECTOR PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Edwin L. Pierpont 8204 Liberty Rd.. Baltimore 7. Maryland 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Oż Druid Ridge Cemetery Baltimore. Maryland 4-17-62 Burial 250. REC'D BY REGISTRAR 8725 Biberty Road YR A15 (4) Randallstown, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	04314		CERTIF	FIC.	ATE OF DEATH	1		Reg. Di	it. No	43	10
1. PLACE OF DEATH o. COUNTY	Baltimore	}	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Md.		b. COUNTY	1	+ 1	, 1 ,	
b. CITY OR TOWN (RURAL and give of LIMONI	If outside corporate lim earest fown] .UM	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	otside corpo nium	rote limits, write f	URAL and	jive near	est fown)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, of 223 Falls				d STREET ADDRESS 223	Fall:	s Brook	Rd.	•		DENCE FARM? NO 🔯
3. NAME OF DECEASED (Type or print)	ANI		VERONICA		SCHAEFFER	4. DATE OF DEATH	April		Day		(ear 9 62
female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIEI		8. DATE OF BIRTH 8/31/84		9. AGE (In years last birthday) 77 yrs.	Months	1 YEAR Doys	Hours	R 24 HRS Min.
Salesla	king life, even if retired	1 1	kind of Business of Ima Thea			re, l		12. CIT	IZEN OI	WHAT	COUNTRY
	rge Hors				14. MOTHER'S MAIDEN N		er				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR Ilf yes, give war or dates of	CES? 16.	SOCIAL SECURITY NO.		nformant therine Car	nes,		abov	9		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (company, which) mmediate	20	rebred a	220	respersiones.				ONSI	RVAL BE ET AND	DEATH
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	MEDICAL EXAMINER) Y Month, Day, Ye 19	While	Not while	20e. Pt	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.	20f. (City	ar town)	(C	County)		(Stote)
21. I certify that I attended the deceased from 2-5, 1962 to 9-10, 1962 that I last saw the deceased alive an 1962, and that death accurred at 1962. My from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE M.D.											
PHYSICIAN'S NAME (Type)	JOHN		SOUIP		1471.50				v ' -	21	200/
REMOVAL (Specify)	4/13/6		Gardens		Eaith	Ba1	timore,	Md.		(State	:)

246 REGISTRAR'S SIGNATURE
CITCHIA & Thank

24a. REC'D BY REGISTRAR

DATE APR 1 2 '62

23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek Funeral Home 3331 Brehms Lane

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTION: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shather registror prior to burial, cremation, ar removal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4) 15M 9/55

ojeath: Page II

executed within 24 hours ofter

IDING PHYSICIAN; The law requires that the death certificate be



TO HOSPITAL CALIFENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 maly be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled informative, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 aberticle with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the pages 1.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04315 CERTIFICATE OF DEATH 04311

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission)
Baltimore Maryland	Maryland 6. COUNTY P. It is
b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	J
Catonsville 2yr2mth25dys	Daioimois -
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSTITAL	1023 Elmridge Avenue YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month, Dey Yeer
(Type or print) Mattie Henrietta	Schmidt DEATH (MV) 11 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE Un years IF UNDER YEAR IF UNDER 24 HRS. Sast birthday Monthel Days House Min.
female white widowerk Divorced	Oct. 15, 1883 78 Yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working l.fe, even if retired Housewife	Manual and
13. FATHER'S NAME	Maryland U.S.
August Clay	xxxxxx Louise Sonn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordatesof service) NONE	MALOUMAN VARIOR
	cords: JPRING GROE STATE HOSPITAT.
1B. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterios clerotic	cardiovascular disease
- DUE TO	Total Salaman Carlo Carl
	iosclerosis, severe
geve rize lo immediate ceusa	
(a), sleting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
[5]	YES 🔲 NO 🔀
). (Enter nature of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
ZOC. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20o. PLA	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Tour s.m.	tory, street, office bldg., etc.)
	Im 15 460 4 43 30 460
21. I certify that (this hospital) attended the deceased from.	1 7 < 3
saw the deceased alive on April 10 .1962, and that	death occured at
220 SIGNATURE	220, DAIL
Sula Wachiler "	ATTENDING MED. STAFF PHYS. 4-11-62 SIGNED
22c. PHYSICIAN'S	224. ADDRESS SPRING GROVE STA E HOSPITAL
NAME (Type) Stella Wachaler, M. D.	Caton ville 28, aryland
230. BUR.AL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY	
BURIAL (Specify) 4-14-62 St. John's Ger	netery Parkville
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm.Cook, Inc., 1217 St. Paul Street, Baltin	more 2
,	DATAPR 13 62 Colling & House



1			MARYL	AND S	TATE DEPARTME	INT OF HEALT	H-BALIIMOKE,	18	
STATE		0431	S ME	DICA	L EXAMINER'S			Reg. Dist.	
H DEPT.	1. P	LACE OF DEATH	741		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived If institution b. COUNTY		before odmission)
IVI	b.		altimore outside corporate limits, wide Dundalk	RURAL	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (II	f outside corporate limits, write		
X	d				pitol, give street address)	d. STREET ADDRESS 8326	6 Bletzer Roa	ad	e. IS PES DENCE ON A FARM? YES NO
	0	IAME OF DECEASED Type or print)	Firs AD		Middle ARIE SCHOEF	FIELD	4. DATE Month OF APTI		19 62
I)		female	white	WIDOWE		Dec. 18,189		Months Day	AR IF UNDER 24 HRS 3 Hours Min.
	10o.	USUAL OCCUPATE oring most of working house	ON (Give kind of work d ng life, even if retired) OWIFC	one 10b. K	at home	Baltimon	re, Md.	U,S	· A ·
	13.	FATHER'S NAME	Ludwig Gr	ill		14. MOTHER'S MAIDEN	Theresa Fu	chs	
		WAS DECEASED EV	ER IN U.S. ARMED FOI (If yes, give war at dates of t			oseph Schoo	effield, husb	and, ab	ove
			TH (Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o per lipe	for (o), (b), and (c)]	Dechu	5101	, C	NTERVAL BETWEEN DISET AND DEATH
		Conditions, if gave rise to imme (a), stoting the couse lost.	diote couse	A	-5-C-V-	Diseas.	Ω		
ð	CATION	PART II, OT	Diaps	1-15	Mellit	US	LINAL DISEASE CONDITION GIV	EN IN PART 1(PERFORMED?
	1 CERTIFI	200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	NTRIBUTING		E HOW INJURY OCCURRED. (
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	19	While of we	ork af work	ery, street, office blog., etc		(County)	
			-		remains described abo causes [], Accident		sy 🔲, Inspection 🗐, Hamicide 🗍, Undete		arrest .
		ACTUAL SIGNATURE	M3 &)-N	VZ	_M D. CHIEF MEDICAL E	XAMINER []	Timiled ma	DATE SIGNED
2	,	EXAMINER'S NAME (Type)	M. B. Da	vis		ASSISTANT MEDIC DEPUTY MEDICAL		4	-/25/6:
)	220		4/27/	if -	Woodlawn C	emetery	Woodlawn,		7 (Stole)
A. S.	23.	FUNERAL DIRECTO 6harle 333			ADDRESS Funeral Ho	me 240. REC		STRAK'S SIGNA	

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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straet address) U. IS RESIDENCE ON A FARM? YES NO T NAME OF DECEASED DEATH (Typa or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon clast birthday) pue Months 12. CITIZEN OF WHAT COUNTRY dona during most of working lule, even if retired) ement tinisher 13. FATHER'S NAME WAS DECEASED EVER N.L.S. ARMED FORCES? (Yas, no, or unkown) I (If yes give wer or dates of service) Bertha Schriner 1B. CAUSE OF DEATH [Entar only one cause per line for (a), ,b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the undarlying cause last. PART I, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. at work D. ID. attended the deceased from. 21. [certify that (I) (this hospital) 62. Cand that death occured at M., from the causes and on the date stated above. ATTENDING DIRECTOR TO HOSPITAL death, Page 4 TO FUNERAL director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOYAL (Spacify) ltinore, burral 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MADYL MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1 institution, Residence before admission, e. STATE 6. COUNTY Faltimore a. COUNTY Baltimore ŏ SS MARYLAND b. CITY OR TOWN (I outside corpore & lim ts. c. LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate imits write RURAL and give neerest fown uted within 24 hours after death. If any delay it then 18. Give Pages 1, 2, and 3 to the funeral different form PM3. Page 5 may be retained for your form permit. File pages 1 and 2 with the State Department, and in any event within 72 hours after death. write RURAL and give neerest lown) Catons ville
a. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital give street address, Gatonsville IS RESIDENCE ON A FARM? YES NO . 3. NAME OF 08 S. Symington Ave Apt B Symington Ave Apt .B DECEASED DEATH (Type or print) 19 5 SEX 8 DATE OF BIRTH IF UNDER 24 HRS. Oct. 5.1891 Months Deys Hours WIDOWED ! DIVORCED [YES 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman- West Chemical Products Col Baltimore Maryland
14. MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME Schwarz Christinia ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANA Mrs. Ottilia-Schwarz 208 S. Symington Ave. i" in pencil in Item 18. (
Office along with form
burial-transit permit. F (Yes, no. or unkown) i (If yesq ve wer or dates of service) 18. CAUSE OF DEATH (Enter only one couse per I ne for (a) b1 and (c).] INTERVAL BETWEEN removal Coronary thrombosis ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO pinous ö , writing the word "pending" in ne Chief Medical Examiner's Off Page 3 should be used as a bur ent, prior to burial, cremation, o Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), sleting the underlying (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES 🗔 EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURED, (Enter nature of nury in Pert I or Pert II of item 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH the Chie MEDICAL 20c. TIME OF INJURY Month, Dev Year 20d. NJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20t. IC ty or lown (County) [Stete] A should be forwarded to the CTO FUNERAL DIRECTOR: Pag Health or its designated agent, Not While fectory, street, office bidg . etc." al work | ef work | 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes an Accident Su cide Homicide | Underermined manifer CH EF MEDICAL EXAMINER T ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Geo.S.M. Kieffer M.D. NAME (Type) Address (Street city, town or county 22d. LOCATION (CLOID, Lends Ave + (State) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore Ed. Burial Woodlawn Came tary 23. FUNERAL DIRECTOR VR A15ME Circumy & Kings 5M 1/62 DATE



MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS

certificate be

PRESTON STREET, BALTIMORE 1, MAR



y and the state of . 13

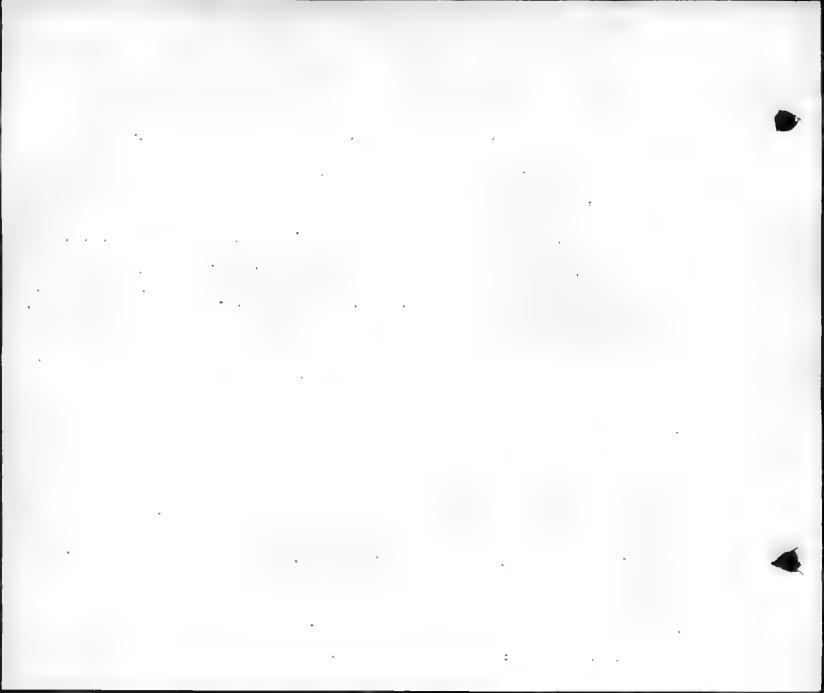
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

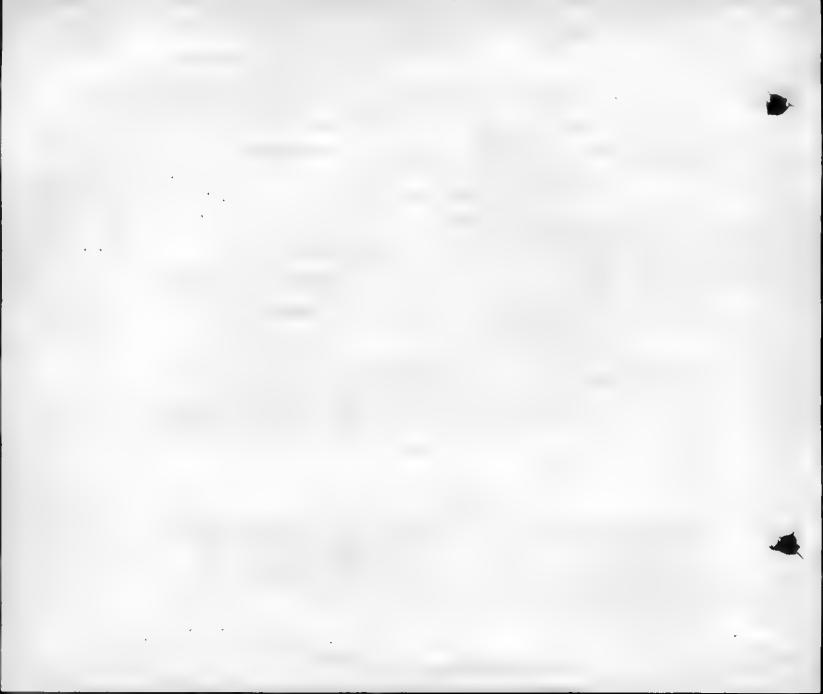
	R	eg. Dist,	No.424	
ved	If institution:	Residence	befare admissian	8

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE
BALTIMORE	MARYLAND b. COUNTY
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) TOWSON C. LENGTH OF STAY IN 1b WEEK	c. CITY OR TOWN (If outside carparate simils, write RURAL and give nearest town) BALTIMORE
d. NAME OF HOSPITAL (IF not in hospital, give street address) ARIACOST NURSING HOME 812 REGEST	d. STREET ADDRESS ER 9 South Linwood Avenue on a FARM? YES \(\) NO \(\)
3. NAME OF First Middle (Type or print) HARRY CLIFTON	SHRECK 4. DATE Month Day Year SHRECK PEATH APRIL 4 19 62
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	AUG. 5, 1889 The strict of t
OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if relired) Machinist Retired 15 Years	Baltimore Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Shreck	Elizabeth Hofferberth
(Yes, no, or unknown) (If yes, give wor or dates of service)	r. Milton Shreck 18, MD.
1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	5 min
DUE TO	
Canditions, if any, which) the My ocardial	Insufficiency 15 mos
gave rise to immediate Cause (a), stating the under-	
ying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO \(\subseteq \subseteq \)} \)
GR CONTRIBUTING ☐ CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) 20f (City ar town) (Caunty) (State)
21. I certify that I oftended the deceased from January	1961, to april 3, 1967, That I last sow the deceased
alive on apre 3, 1962, and that death	accurred at 2:10 pM, from the causes and an the date stated above
I al al al	ADDRESS (Street, city or town state) DATE SIGNED
SIGNATURE Charles & MacMenn	M.O 2900 CS Dallesenson
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BUBIAL 4/7/62 OAK LAWN CF	EMETERY BALTIMORE LARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
HENRY SANDER & SONS INC BALTIMORE	MD. DATE APR 6 '62 Diener & through



*			DIVISION OF STA	JIŞTİÇAL RESI	ARCH AND RECORD			BALTIMORE 1,	MARYLAND
1 57/			U4	344	CERTIFICA	TE OF DEAT	TH		04318
funera should	M)		PLACE OF DEATH			B. STATE		b. COUNTY	Residence before edmission
d d d		-	Baltimore 16	emorata limite	MARYLAND c. LENGTH OF STAY IN 16	Mary		e limits, write RURAL a	ltimore _
and and			write RURAL and give nears Dundalk	st lown)				w itania, with NOAME B	ng give nearest towns
within 2 filled in Pages 1 ars after	X	-	NAME OF HOSPITAL OR INS	TITUTION (if not in h	ospital, give street address)	Dunda J			a. IS RESIDENCE
d with			6914 Homeway		, , , , , , , , , , , , , , , , , , , ,				YES NO F
etely Pers. 2 ho		3.	NAME OF	First	Middle	last [DST4: I	lomeway	Month	Dey Yeer
nple pap			DECEASED (Type or print) 7.7	EROY	E	SHUPE	OF DEATH	Amond T	7 19 62
con on iffir		5.			(0.4)	B. DATE OF BIRTH	,9. A	April GE (In years IF UNDER	
and sarb			Male Whi			11-6-02		st birthday) Months	Days Hours Min.
certificate hysician a remove c		10a	USUAL OCCUPATION (Give	rind of work 10h	KIND OF BUSINESS OR INDUST				TIZÊN OF WHAT COUNTR
sertificat hysician remove any ever		00	Railroader	ven if retired)		Pennsylvar	ni o		TT C A
Ω, m		13.	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		U.S.A.
tending pen please I, and in	(T)		Edward Shupe			Pricill	La Walker		
8 ja E .	(1)	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17,		CT DOTTEST	Address	
that than the art of the attended of the atten		1,10	no no	Lot deterol set Alce)	Mrs	. Ella Supe	Shupe, 6	914 Homeway	. Dumdalk 22
s the lan.		-	18. CAUSE OF DEATH En		line for (e), (b), end (c).)	177	DIALDO 9	ore noncial	INTERVAL BETWEEN ONSET AND DEATH
ysici ya b per per			PART I. DEATH WAS CA		oper some	Ille lu	6 1.22		2 27
red phy ign ign risit			163X	DUE TO	/	/	i i		
faw ding en s I-tra ema			Conditions, if eny, which	(b)			J		
The ten			gave rise to immediate cause (e), stating the underlying	DUE TO					
N: 7 or at e has ihe b			cause last.	(c)					
SICIAN Spital or rtificate se as the	C	CERTIFICATION	PART H. OTHER SIGNIF CA	ANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	NDIT.ON GLYEN IN PAR	PERFORMED?
PHYS the ho this ce of for u			206. ACCIDENT WAS UNDERLOR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL	YING [] 20b. DE OF DEATH EXAMINER)	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Peril or Perill of	llem 18.)	
Scher by Respondent		MEDICAL	20c. TIME OF INJURY Mor	th, Day, Year 20d		ACE OF INJURY (Home, fail tory, street, office bldg., et	rm, 20f. (City or	fown) (Co	unty) (State)
ND ine		MED	p.m.	19 of w	1401 77 JIII -		Į į		
Ha Gaa			21. I certify that (I) (t	his hospital) atte	nded the deceased from.		125 to	4/4 7 19	
A SUPPE			saw the deceased alive	on(2)-1	.S19.6.3 and that	death occured at/	AM, from the	e causes and on	the date stated above
DIAE Shou			22a. SIGNATURE:	1)2	La al	ATTENDING	MED.	STAFF	22b, DATE
H 4 . 1 =			O FILW	(4, 1000	nomer 4	A.D. PHYS.	DIRECTOR	PHYS.	4-9-62-
HOSPITAI ath. Page 4 FUNERAL fector, page	1		220. PHYSICIAN S NAME (Type)	MAC	KOWIAK	22d. ADDRESS	Hitch	rik hol	~
Path Path	Λ	23a	BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATH	ON (City, fown or cour	ity) (State)
5 ₂ 5 ₂ v	1	L		11-62	Oak Lawn Cem			Co., Md	
VR A1S (4)	10,		FUNERAL DIRECTOR'S SIGNAT		ADDRESS	25a. Ri	EC.P BASECIPLE	R2 256. REGISTRANS	SIGNATURE
15M 7/61	V		Jllrich Funeral	Home, Dun	dalk wa	DATE	APR 1 6	162	
				, - 341	mu.			T- Uni	hur J. That s

MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECO	ords, 301 w. preston street, B CATE OF DEATH	ALTIMORE 1, MARYLAND 04319
the funera and 2 should	i. PLACE OF DEATH e. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STATE write RURAL and give neerest town)	and Maryland	bed lived, If institution: Residence before admission) b. COUNTY Prince Georges a limits, write RURAL and give nearest town)
etely filled bers. Pages 1 abouts affer of the control of the cont	Owings Mills, MD. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address.) Rosewood State Training School 3. NAME OF PECCASED Middle	5114 Baltimore Bl	s. IS RESIDENCE ON A FARM? YES NO Month Dev Yeer
icate be execution and complement, within 7.	Tippe or print 5. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) IDb. KIND OF BUSINESS OR	B. DATE OF BIRTH March 26. 1958	April 20 19 62 GE (In Yeers IF UNDER 1 YEAR IF UNDER 24 HRS. It birihdey) Months Deys Hours Min. 1gn country) 12. CITIZEN OF WHAT COUNTRY
ding physical ding physical ding physical ding physical ding physical ding ding ding ding ding ding ding ding	Dependent 13. FATRER S NAME	Prince Georges - Ma	· ·
requires that the diphysician. physician. gened by the attency has permit. Then phion, or removal, and the phion, or removal, and the phion of the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (Ifyes giva war or detes of service) 18. CAUSE OF DEALL (Enter only one cause per line or (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Institutional Records	Owings Mills MD
IAN: The law law lad or attending test has been s to burial, crema o burial, crema	(a), stelling the underlying DUE TO clefects. Z PART I. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH		NDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
y the hospily the hospily the hospily this certificated for use a selfh prior I	Change it a Carebra defect with micro 200. ACC DENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING 1 AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH UNTERLYING AUGUST OF DEATH OF DEAT		
TENDING retained b IOR: Afte be detach Dept. of H	Hour s.m. 19 While Not While et work 21. I certify that Withis hospital) attended the deceased	20e. PLACE OF INJURY (Home, ferm, 20f. (City or factory, streat, office bldg., atc.) from. 6 - 25 - 1959 to	
ITAL PASSES SEED TO SE	saw the deceased alive on 4-201862., ar 22e, SIGNATURE Laward J. Mathews 122c PHYSICIAN S NAME (Type) Laward J. Mathews	M.D. PHYS. MED. DIRECTOR DIRECTOR	STAFF PHYS. 22b. DATE SIGNED 4-21-62
TO HOSPI A death. Pe To Flux The filed v		Methockst Sa	ON (City, fown or county) (Sight) Cage Many County 250 REGISTRAR'S SIGNOURE
15M 9/60 4 7	N.W. Chambers (8 5801C	lace ma	24 Crima L. Thoma



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04324 CERTIFICATE OF DEATH 04324	05
s after funera should	M	ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before the county b. COUNTY b. COUNTY	ore edmission)
and 2		Baltimore MaryLand Mary and Prince Ge Try Or TOWN (if outside corporate I m.ts, write RURAL and give nearest town) c. City Or TOWN (if outside corporate timits, write RURAL and give nearest town)	
hin 24 ed in ges 1 a after d	14	Catonsville 9mthl6dis East Rivercale, Maryland //	IS RESIDENCE
d within 2 hy filled in s Pages 1 hours after	1 1	SPRING GROVE STA'E HOSPITAL 5002 - 61st Place YES	ON A FARM?
plete		CEASED Thomas Middle Last DATE Month Day OF DEATH April 15	Yeer 19 62
s exe		6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18 DATE OF BIRTH 19. AGE III YEAR IF UNDER 1 YEAR IF UN	DER 24 HRS.
n and s carl ent, v		Le White WIDOWED DIVORCED Jan. 20, 1879 83 yrs. Months Deys Hou JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & Stete, or foreign country) 12. CITIZEN OF WH.	
certifica physicia removiany evi		esman New York U. S.	KI COONIKII
		THER'S NAME Edward Smith 14. MOTHER'S MAIDEN NAME	
death ending n pleas and in	(I)	AS DECEASED EVER IN U.S. ARMED FORCES?, 16 SOCIAL SECURITY NO. 17, INFORMANT	
at the ne ath The noval,		(0, or unkown) (Ifyesgive werordeles of service) 112-61-2846 Records: SPRI IG GROVE STATE HOSPITA	L _
cian. cian. by the srmit.		PART I. DEATH WAS CAUSED BY,	ND DEATH
physi physi gned siit po		IMMEDIATE CAUSE (e) Terminal pneumonia	_
ding en s en s en s	1	anditions, if any, which (b)	
The atten as be buris), stelling the underlying DUE TO use lest. (c)	
AN: al or ate h s the	ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118/1 19. W.	AS AUTOPSY ERFORMED?
YSICI hospiti certific r use a	O	ere bral vascular accident a ACCIDENT WAS UNDERLYING [1] 20b. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of item 18.)] NO [
PHY the h his c		A ACCIDENT WAS UNDERLYING 20b. DESCR SE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	
ING d by Affer I achec		Oc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or town) (County) Hour e.m. , While Not While factory, street, office bldg., etc.);	(State)
END staine OR: / e det		p.m. 19 et work et work	DC (we) las
IRECT Should b		w the deceased alive on April. 15 19 62., and that death occured at p. M. from the causes and on the date st	ated above
DEDWe		S'Cella Wallely M.D. ATTENDING MED. STAFF 4-16-62	22b. DATE SIGNED
PITAL Page 4 ERAL page with th	1	Stella Wachsler, M. D. 22d ADDRESS SPRING GROVE STATE HOS.	l'AL
N Z L'TI		SURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stelle)
death.		MOVAL (Specify) 4/18/62 Int. Oliver Washington	se
VR A15 (4)		NERAL DIRECTOR'S SIGNATURE ADDRESMA Raines 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Plant Funeral Homo Date	
		Inc.	



TO HOSPITAL (ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page 4 m. for retained by the hospital or attending physician.

\$ 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyeff. Within 72 hours after.

1 6

1	K			1
The law requires that the death certificate be executed within thours after		as been signed by the attending physician and completely filled in by the funeral	burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	
be executed w		nd completely f	arbon papers. F	- CE 1177
certificate		shysician a	гепоче с	V.
the death		aftending p	hen please	
v requires that	g physician.	signed by the	ansit permit, T	
The lay	attending phys	as been	burial-tr	1-1

MANUTAND STATE BUSINESSES OF DESITE

mai	CACHER STREET	PARTORES OF	THE PARTY OF	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS	301 W. PRESTON	STREET, BALTI	MORE 1, MARYLAND
25272	CERTIFICATI	OF DEATH		04321

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed fived, If institutions Residence before edmission)
Balto. Co. MARYLAND	Balto.
b. CITY OR TOWN (if outs do corporate limits, c. LENGTH OF STAY IN the write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
White Marsh Life	White Marsh
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS ON A FARM?
Cowenton Avenue Box 322	Cowenton Avenue Box 322 YES NO E
3. NAME OF First Middle	Last 4. DRTE Month Day Year
(Type or print) Fredrick William S	nitker DEATH April 7 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED	B. DATE OF BIRTH 19. AGE In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
	Aug. 6, 1879 Szyrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. CRTHPLACE [County & State, or fore gn country] 12. CITIZEN OF WHAT COUNTRY?
Accountant	Balto Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Snitker	Annie Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) ((Tyes give war or dates of service) 212-01-3625 Mr	s Nora Snitker Box322 Cowenton Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART J. DEATH WAS CAUSED BY:	OCC 1 JLS - ONSET AND DEATH
DUE TO	s a la contrata
Conditions, if any, which \ (b) Severe Arte	vi- Suler-sis Cerebral 6 711
gave rise to immediate cause	But Cardio Vajoulat
(e), stating the underlying causa last.	/
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19, WAS AUTOPSY
OIN	PERFORMED?
208. ACCIDENT WAS UNDERLYING FI 2Db. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in raff i of raff ii of itam is.)
,	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slata)
Hour a.m. While Not While lac	tory, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from.	5.p.K. 5 1958 to A.K. 1 196. that (I) (we) last
saw the deceased alive on	t death occured at 24M, from the lauses and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
William h. I youn	A.D. PHYS. DIRECTOR PHYS. 1 4-9-62
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
230, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 4-11-1962 St Michaels	Cemetery Baltimore Co. Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
Lassaly Tuneral Home 7401 Belain Road #6 MD DATE APR 10'62 arthur S. thomas	
Treatment to the total total and the total total	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1

14326

CERTIFICATE OF DEATH

, 79	ULUNU									
	1. PLACE OF DEATH			irved, if institution: Residence before admission)						
1	Baltimore	MARYLAND	Maryland	o. COUNTY						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside corporate lin	its, write RURAL and give nearest town)						
9	Fort Howard	13 Days	Baltimore 25	5-1.4						
	d. NAME OF HOSPITAL OR INSTITUTION (II not		d STREET ADDRESS	. IS RESIDENCE						
	Veterans Administrat	ion Hospital	3523 Third Street	ON A FARM?						
4	3. NAME OF First	Middle	Last 4. DATE	Month Day Year						
	(Type or print) JOSERH	C.	COMPOUTITE DEATH	April 3 1962						
			SOMERVILLE DEATH .9. AGE (April 3 1962 In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.						
			last be	rihday) Months Days Hours Min.						
			February 24,1907 55	country) 12. CITIZEN OF WHAT COUNTRY?						
	done during most of working life, even if retired)									
	Clerk	Food Market	Baltimore, Maryland	U. S. A.						
	13. FAIRER'S NAME		M. MOTHER'S MAIDEN NAME							
	John C. Somerville		Ella Farrell							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were reales of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT CLINICAL RECORD	Staddress						
	Yes WW II	215-10-7661 VA	HOSPITAL, FORT HOWARD,	MARYLAND						
	18. CAUSE OF DEATH Enter only one cause	par kne for (e), (b), end (c)]	•	INTERVAL BETWEEN ONSET AND DEATH						
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PERITONITIS DUE T	O GANGRENE OF SMALL BO							
	OT BUG (DBSTRUCTION		10 DAYS						
	Conditions, if any, which (b)	Condition of the Condit								
	gave rise to immediate cause									
	(a), stating the underlying DUE TO									
١,	Z PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT							
4	PULMONARY EMPHYSEMA.	BRONCHOPNELIMONTA	, TERMINAL-Duration 2	Davs YES NO						
	E 200 ACCIDENT WAS UNDERLYING TO 206.		LEnter neture of in ury in Pert i or Pert II of item							
	PART II OTHER SIGNIFICANT CONDITIONS PULMONARY EMPHYSEMA. 200 ACCIDENT WAS UNDERLY NG 100 CONTRIBUTING 100 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)									
Ì	3 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm, 20f. (City or low-	(County) (State)						
		While Not While Tack	ory, street, office bidg., etc.)							
	21. I certify that (this hospital) a	ttended the deceased from	March 21 162 to Apr	11.3, 19.62, that (N (we) last						
	saw the deceased alive on Apri.	1 3 10 62 and that	death accured at \$35M from the	autes and on the date stated above.						
	22e SIGNATURE		dobin occurred salasin my from the	226 DATE						
	Laly Riv	ma	D. PHYS. DIRECTOR PHYS							
	22c. PHYSICIAN'S	M	22d. ADDRESS	, , ,						
	serastian russo, m.d.		VA HOSPITAL, FORT H	OWARD. MARYLAND						
	238 BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY		City, lown or county) (State)						
	Burial (Specify) 4-6-62	Baltimore Nat	cional Cemetery Baltin	ore 28, Maryland						
	24 FUNERAL DIRECTOR'S SIGNATURE	23 Patapsco		56. REGISTRAR'S SIGNATURE						
	James L. McCully		DATE	Cirilina S. Mana						
	I	- Baltimore 1	VICE							

TO HOSPITAL OF PTENDING HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. retained by the hospital or attending physician.

TO FUNERAL DI STOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. VR A1S [4] 15M 7/61



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
04323

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. STATE b. COUNTY
Baltimore MARYLAND	a. STATE b. COUNTY Llater Dand Paltimona
b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town)	c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town)
d. NAME OF HOSP TAL OR INSTITUTION (if not 'n hospital, give street eddress)	d. STREET ADDRESS ON A FARM?
3. NAME OF HOLLY HILL North Middle Middle	7120 She field Rd. YES NO The Month Dey Year
(Type or print) Sarah Hodges 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Speake Speake B. Date of B RTH Speake 9. AGE (In yeers If JNDER 1 YEAR If UNDER 24 HRS. John of the left birthdey) Margins Days Hours Min.
WIDOWED DIVORCED	3-8-1870 92 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
13. FATHER SNAME LE	Maruland 14. MOTHER'S MAIDEN NAME
Thomas Oden Hodges 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. [Yes, no, or unknown] (If yesgive were ordered sof service)	
no	rs. Emory B. Kaufman Above
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
immediate cause (e) Pneumonia – hyp Due to	ostatic 3 days
Conditions, if eny, which gove rise to immediate cours (e), steting the underlying DUE TO	c heapt disease
cause lest. (c) Generalized art	eriosclerosis years
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NO CO	DT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
21. I certify that (I) (this chamber) attended the deceased from	June 1959, 19, to April 2,, 1962, that (!) (wer last
	t death occured at 11 arm from the causes and on the date stated above.
	ATTENDING MED. STAFF PHYS. April 3, 1962
22c. PHYSICIAN'S NAME (Type) S.J. Venable, Jr. M.D.	7215 York Road, Baltimore 12, Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 4-5-62 Old Durham C	hurch Trionsides Nd.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



		ND STATE DEP				
	PUSION OF STATISTICAL RESEARCE	CERTIFICATE		STREET, BALTIMOS		1324
3 5.	write RURAL and give nearest town) Baltimore 28 d. NAME OF HOSP, TAL OR .NSTITUTION (if not in hospital Walker Avenue NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE female white WIDOWED 2 LUSJAL OCCUPATION (Give kind of work nee during most of working life, even if refired) housewife	MARYLAND LENGTH OF STAY IN 16 Middle Dier NEVER MARRIED 8. I	Baltimo d. STREET ADDRESS Walk Last DATE OF B.RTH ay 20, 1884 11. B.RTHPLACE (County Maryland	9. AGE (In years lest birthday) 77 yrs. & State, or fore gn country)	Baltimo RURAL end give no e) Day pril 15 FIF UNDER 1 YEAR Months Days	e. IS RESIDENCE ON A FARM? YES NO NO YOUR 19 62 IF UNDER 24 HRS. Hours Min.
13.	FATHER'S NAME William Newman	[1	Elizabeth	* /** .)	
15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOO	none Edmu	nd Stabler	1230 Circle	Drive #27	ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	, and the	Palmondus Tokere			typis typis typis
CERTIFICATION	PART II. OTHER SIGNIFICANT COPIDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED (P. WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJU While at work 19		OF INJURY (Home, farm, r, street, office bldg., etc.)		(County)	(State)
	21. I certify that [1] (this hospital) attended saw the deceased alive on	H. 19. La.W., and that d	ATTENDING MIPHYS. DII	M, from the causes	and on the da	nat (I) (we) lass te stated above 22b. DATE SIGNED
23	REMOVAL (Specify)	Stablersville		23d. LOCATION (City, 10) Stablersvill		(State)
	FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard XX 4107 Wi	ADDRESS	25a, REC'	BY REGISTRAR 256 REG	SISTRAR'S SIGNAT	URE

arthur & House

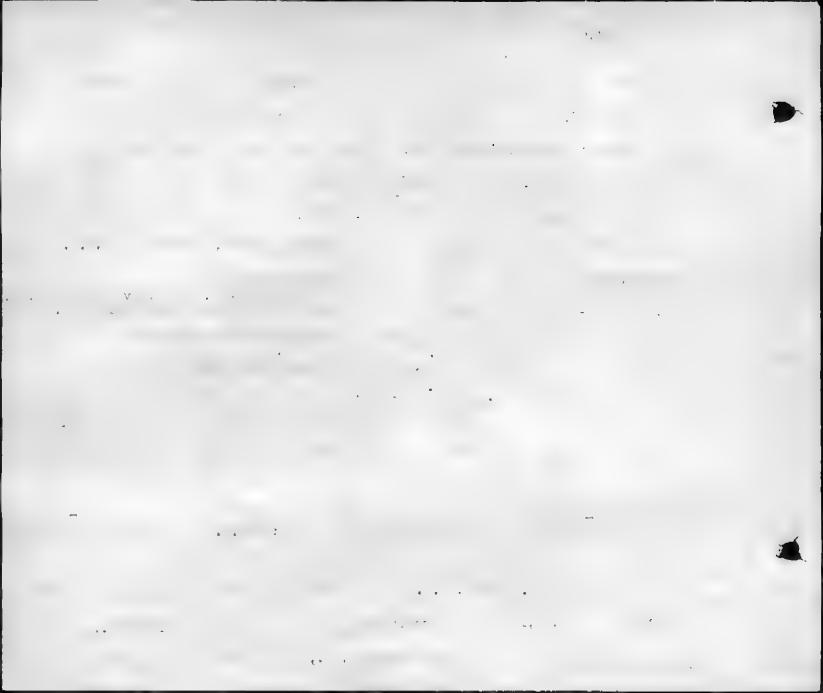
TO HOSPITAL OF KITENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ours after a death. Page 4 me be retained by the hospital or attending physician.

Solution of the physician and completely filled in by the function of the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

2



o 1	MARYLAND STATE DEPARTMENT OF HEALTH	
TAR.	CERTIFICATE OF DEATH	04325 _
the funerally should 2 should	1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (If outs da corporate limits, c., using the OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution as STATE Maryland b. COUNTY c. CTY OR TOWN (If outside corporate limits, write RURAL) c. CTY OR TOWN (If outside corporate limits, write RURAL)	Harford
filled in by Pages 1 ansurs after de	write RURAL and g va nearest lown) Owings Mills 6 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tall, g va streat address) d. STREET ADDRESS d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
recuted with impletely fills papers. Pag in 72 hours	Rosewood State Training School 3. NAME OF DECEASED (Typa or print) Gerald Raymond Swan Harbor Dell Trailer Park 4. DATE OF OF DECEASED	Pay Year No 52
cate be exian and co	male White WIDOWED DIVORCED 11/11/59 last birthday) Months	RIYEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY!
ing physician i lease remove c	dependent none Harford County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A
attending Then pleas rval, and ir	Howard Jones 15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Robert D. Frank, He (Yes, no, or unknown) (flyesgive wer or delas of service)	vre de Grace,Md.
quires that ysician. ed by the t permit. n, or remo	PART I. DEATH WAS CAUSED BY: [And Cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [And Cause failure failure seemdary to Coarclate failure failure seemdary to Coarclate	ONSET AND DEATH
The law rect attending pt has been sign a burial-transil rial, cremation	Conditions, if any, which gava rise to immadiata causa (a), stating the underlying out to milital value. (b) Of the coorder and recluplication of milital value.	
HYSICIAN we hospital o s certificate or use as th prior to bu	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN P. LOS. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW/INJURY OCCURED. (Enter nature of injury In Part I or Part II of I am 18.) OR CONTRIBUTING [] CAUSE OF DEATH OR CONTRIBUTING [] CAUSE OF DEATH URL EITHER, NOTIFY MEDICAL EXAMINER]	ART I(a) 19. WAS AJTOPSY PEREORMED? YES NO
DING P ned by the After this letached is of Health		County) (State)
ATTEN be retail IECTOR ould be ould be ate Dept.	21. I certify that #) (this hospital) attended the deceased from 10/16 , 1961, to 4/23 , saw the deceased alive on 4/23 , and that death occurred at 1:45, and on the causes and on the deceased alive on 4/23	* * * *
Page 4 mc, ERAL DIR, page 3 sh with the St	220 S GNATURE January	4 april 62 gned
O HOSPITAI death, Page A director, page be filed with t	238. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMODEL PRETY Apr. 26,1962 Cokesbury Memorial Abingdon, Harford	uniy) (Siala)
VR A15 (4) 15M 9/60	24) FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR	
	TIMENTAL MICOLOGICA	



VR AJS (4) 15M 7/61

X

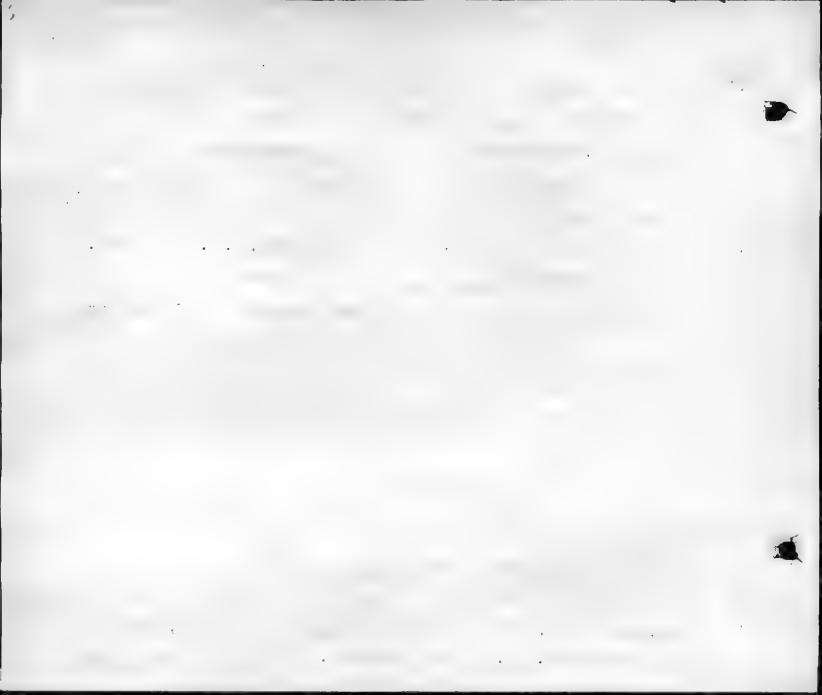
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04326

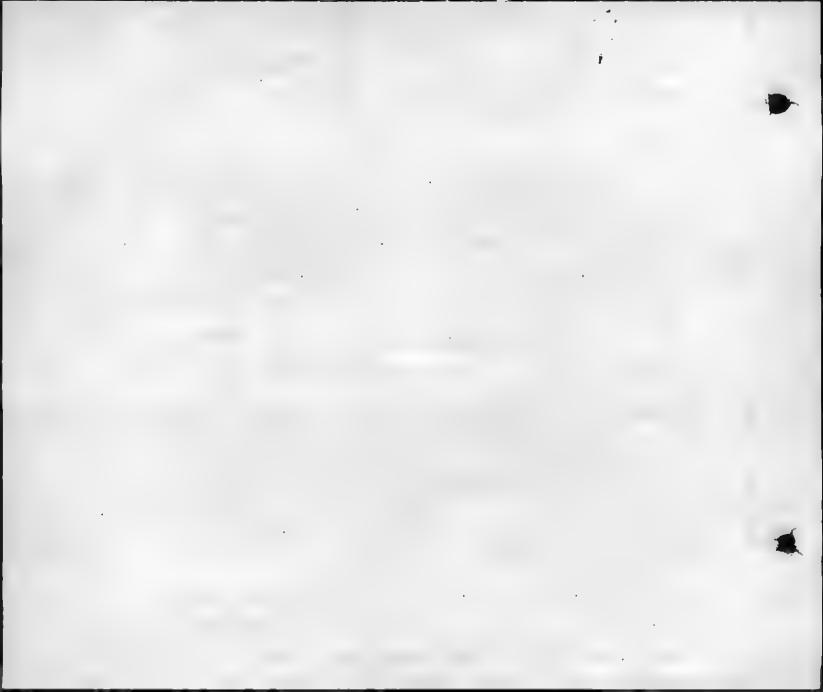
	$\overline{}$		
1		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission)
1)		Baltimore MARYLAND	Maryland Baltimore
	-	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give neerest lown)	c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]
/		Baltimore 3 months	X _ Baltimore
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS o. IS RESIDENCE ON A FARM?
	- A	NAME OF 11 Slade Avenue Middle	11 Slade Avenue
		DECEASED	Last 4. DATE Month Day Yeer OF
			TEINBACH DEATH April 29 19 62
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Female White WIDOWED DIVORCED	LA yrs. Days Hours Min.
	10a	. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	do	House out if a training most of working life, even if retired)	Washington, P. C. USA.
Ĭ	13	FATHER'S NAME At Home	Washington, D. C. USA
I.	1	Harris Levy	Unknown
·		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(10	s, no, or unkown) [lifyesgive wer or detes of service)	Samuel Steinbach 11 Slade Avenue
		18. CRUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).]	Samuel Scelebach 11 Schae Average Interval Between
	П	PART I. DEATH WAS CAUSED BY:	phois Lenkalmur 4 mon
		IMMEDIATE CAUSE (6) VACAL CC INFILLY	When sempaining 4 mis
	Ιi	204.3 DUE TO	
	П	Conditions, if eny, which) (b)	
	Н	gave rise to immediate cause (a), stating the underlying DUE TO	
	Н	cause last. (c)	
, 1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ATIO	The second secon	YES NO TH
	띪	200. ACCIDENT WAS UNDERLYING TO 1 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Peri I or Pari II of Item 18.)
	CERTIFI	OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER]	
	3	Tau Tau	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	WED	Hour e.m. While Not While let work	(A) Though direct charges with
		21. I certify that (I) (this hospital) attended the deceased from.	March 1962 10 parl 29, 142, that (1) (we) last
		saw the deceased alive on \$2.8 19.6 5 and that	death occured 3136 M, from the causes and on the date stated above.
		22e. SIGNATURE	22b, DATE
		Trens Harris	ATTENDING MED. STAFF
			DIRECTOR PHYS.
Ĺ		NAME (Type) LOUIS Krawse	11 E. Chase St.
1			
		REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	23d. LOCATION (City, fown or county) (Stele)
			Congregation Baltimore, Maryland
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
A.	S	ol Levinson & Bros. Inc. 6010 Reisterst	own Rd. DATE MAY 1 '62 arthur & thouse
	l avac		



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) PLACE OF DEATH COUNTY a. STATE **b.** COUNTY Baltimore Md. Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if oulside corporata limits. E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Battimore Baltimore Pages 1 hours after a. IS RESIDENCE filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO THE 1234 Vogt Avenue 1234 Vogt Avenue 3. NAME OF Lost DATE Month Middla DECEASED OF (Type or print) DEATH B. 19 62 Lola Stivers April AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. 5 SEX 6. COLOR OR RACE T. MARRIED NEVER MARR ED asi b'rihday) and Months fema1e white WIDOWED June 29 12. CITIZEN OF WHAT COUNTRY? physician Гетоме 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U. S. A. checker Aetna Shirt Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending I Then please Joseph I. Widerman Lola E. Tyson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addtass emoval, (Yes, no, or unknwn) | (If yes give war or detes of service) George A. Stivers, 1234 Vogt Avenue #27 physician. no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (d.) heart desease ONSEL AND DEATH signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO il any, which gave rise to Immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY certificate PERFORMED? Se 9 NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING () CAUSE OF DEATH 200, PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY 20d. INIURY OCCURRED I Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. el work at work 19(0.2, That (1) (we) last .19.6.2, and that death occured at 10.5M, from the causes and on the date stated above saw the deceased alive on.L 22b. DATE 22a. SIGNATURE SIGNED MED. STAFE DIRECTOR PHYS. death. Page 4
IO FUNERAL 1
director, page 3
be filed with the ADDRESS 22c. PHYSICIAN'S NAME (Type) Earl Pass, M. D Wilkens Avenue #29 23c. NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4/14/62 Woodlawn Cemetery Baltimore Co., Maryland H 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Chilling & Thous DATE APR 1 3 '62 Howard H. Hubbard, 4107 Wilkens Avenue #29 15M 9/60

death

MARYLAND STATE DEPARTMENT OF HEALTH



the funeral of 2 should hours after IO HOSPITAL (*** ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thou add the season that the hospital or attending physician.

*** A death, Page 4 ray, be retained by the hospital or attending physician.

*** A director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon pallers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04339

CERTIFICATE OF DEATH

here decessed I ved, if Institution, Residence before edm.ssion) b. COUNTY Baltimore
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ete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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from the causes and on the date stated above. STAFF STAFF STAFF
From the causes and on the date stated above. STAFF PHYS. Charles LOCATION (City, town or, county) (Stete)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 04333 Reg. Dist. No. Page . 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY filed b. COUNTY MARYLAND Baltimore Banulana Baltimone b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e q RURAL and give nearest town) Stouenson d. NAME OF HOSPITAL (If not in hospital, give street address) e, IS RESIDENCE ON A FARM? # d STREET ADDRESS OR INSTITUTION YEAR NO "Lustra" "Lustra" 4. DATE NAME OF DECEASED First Lost Month Middle Day Yeor OF DEATH (Type or print) 19 MALICONE Anti 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Days WIDOWED [7] DIVORCED I YTS. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) USA ond pon d Fahming Farmina 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margaret Wilson Cantian Rueben Stump hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ruxton. Middendor attending Sran-America INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ģ Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoling the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🕩 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of item 18.) 20s. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INTURY OCCURRED (Stote) Day, Year (County) factory, street, office bldg , etc.) Hour a.m Not while at work of work Dattat I last saw the deceased 21. I certify that I attended the deceased fram... and that death accurred at a M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL (TO FUNERAL DIREC Ĕ 3 should PHYSICIAN'S the registrar NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Md. Garrison Forest Thomas 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. RECODAY REGISTRAR Circhary L. Minus

Sons Co. 4905 York Rd. Balto. Md.

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY IL COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 write RURAL and give nearest town) hours after Rural- Baltimore Rural- Baltimore 7 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6924 Dogwood Road 6924 Dogwood Road YES NO X completely 3 NAME OF 4. DATE Middle Month Year DECEASED (Type or print) DEATH Mr. Harry 19 62 Subock 19 Apri] and cor 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED S. SEX 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH iast birthday) Months 1 Deys Hours Male WIDOWED DIVORCED August 25, 1899 62 physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Superintendent Balto.Co.Bureau of Baltimore, Maryland U.S.A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding g Mohn H. Subock Nettie Reelv aftenc 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 6924 Dogwood Road remova (Yes, no, or unkown) | [Ifyes give wer or dates of service) physician. 218-09-4456 Mrs. Bessie R. Subock, Baltimore 7 Interacy land 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH ARTERIO SCLEROTIC CARDIO VASCULAR PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 415 DUE TO BRONCHIAL ASTHMA Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying P e PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINERS 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, ' 20f, [City or town] 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour s.m. et work at work CIOR D. m. afe:Den 21. I certify that (I) (this hospital) attended the deceased from. D.C.T... 190 . that (I) (we) last Plnoys DIRE saw the deceased alive on. 22b. DATE 22a/3 GNATURE ATTENDING director, page 3 be filed with the 120 DIRECTOR PHYS. PHYS. 162 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Norman R. Kleiman 3803 Edmondson Ave., Baltimore 29, Md. 23s, BUR.AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (State) REMOVAL [Specify] Baltimore County, Maryland Apr. 23,1962 Burial Memorial Park 25s. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL-BIRECTOR'S SIGNAZO aberty Rd. DATE APR 2 3 '62 Corner S. Mans 15M 7 61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

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ON A FARM?

YES NO P

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1962

CERTIFICATE OF DEATH). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ZMON. TOWSON 0W50N d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION TOUISON 600 CONVALESCENT NAME OF Middle 4. DATE Month OF DEATH DECEASED (Type or print) SUCRO IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months WIDOWED IN DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MOUSE WIFE 13. FATHER'S NAME 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART YPEATENRIUE ARTERIOSCIEROTIC CARDIU-VASCUAR Conditions if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY

CEREBRAL HEMORAMICES SINCE OCT 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.)

20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY Month, Doy, Year Hour a.m

23g. BURIAL, CREMATION, 23b. DATE THEREOF

p. m

20d. INJURY OCCURRED While Not while of work Di work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

INTERVAL BETWEEN ONSET AND DEATH

MONTHS

PERFORMED?

YES NO P

ATTENDING PHYS

220 SIGNATURE

REMOVAL (Specify)

2). I certify that (I) (this haspital) attended the deceased fram... saw the deceased alive ap-

and that death accurred as 22.M, from the causes and an the date stated above.

M.D.

MED DIRECTOR

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, town, ar county)

(Stote)

BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

25g, REC'D BY REGISTRAR DATE APR 9

25b, REGISTRAR'S SIGNATURE Circling & Thomas

TO FUILINA DIRECTOR: VR A15 (4) 15M 9/59

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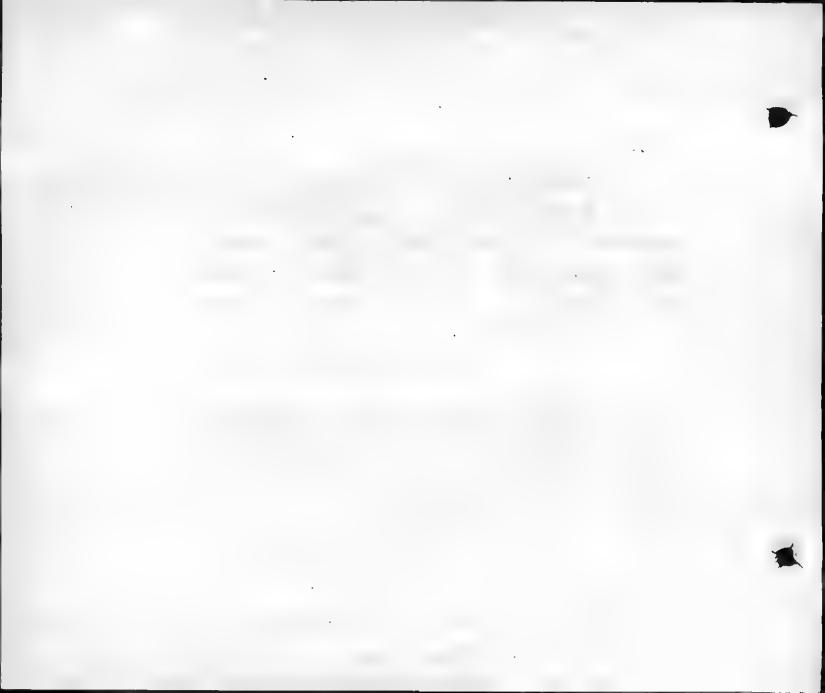
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04336 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Item 8 Pt 1m - 137 PLACE OF DEATH a. COUNTY Maryland b. COUNTY MARYLAND Bal timore Baltimore c. LENGTH OF STAY IN 16 b CITY OR TOWN (f outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 40 Yrs. Pikesville Pikesville d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUT ON ON A FARM? Slade & Reisterstown Rd. Slade Ave & Reisterstown Rd. YES NO T NAME OF Middle 4. DATE Yeor TELALID OF 1962 April RAYMOND TAMBURO (Type or print) B. DATE OF BIRTH 7 86) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Days Hours WIDOWED [Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country)

Rettred working life, even if retired)

Confectionary

Italy 12 CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marzula Stephen Tambure IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Tamburo John 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PNEUMONIA PART I, DEATH WAS CAUSED BY TERMINAL IMMEDIATE CAUSE (6) **DUE TO** CONGESTIVE HEART FAILURE Conditions, if ony, which gave rise to immediate DUE TO cause (o), sloting the under-ARTERIUSCLEROTIC HEART DISEASE lying couse lost PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Part || of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slate) factory, street, affice bldg., etc. Hour o.m. While Nat while of work of wark 21. I certify that (1) (this-haspital) attended the deceased from. 4-12, 1962 and that death occurred at 1:45%, from the causes and an the date stated above. sow the deceased alive on 22o SIGNATUR 22b DATE SIGNED ATTENDING MED DIRECTOR D PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Holy Reedmer

Cirthur S. Kraus

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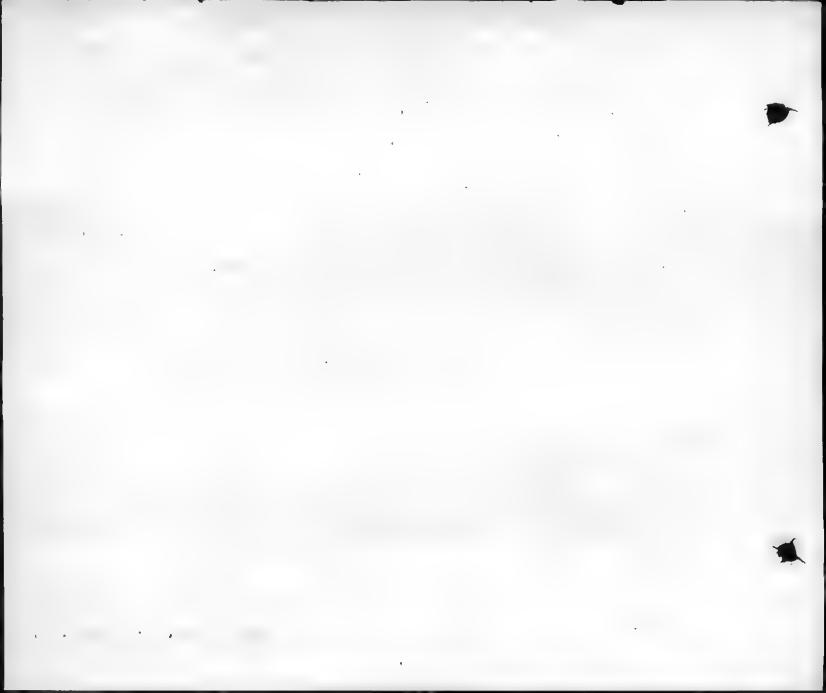
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VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Frank H. Newell, Pikesville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decresed lived, if Institution: Residence before edmission) I. PLACE OF DEATH a. COUNTY Maryland **b.** COUNTY and 2 s death. Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown? Pages 1 27 Days Baltimore Fort Howard d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give street eddress Veterans Administration Hospital 1929 McElderry Street completely 3. NAME OF 4. DATE RESERVE OF (Type or print) JOHN TAUBER DEATH April 9. AGE (In years If UNDER I YEAR) 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED T February physician 1 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or fore gn country) done during most of working life, even if retired) Furniture Factory Baltimore, Maryland Machine Operator 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME please Ē attendir John Tauber Mary Biebl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyesgive were redates of service) Then Address the WW I VA HOSPITAL, FORT HOWARD, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: s been signed I BILATERAL PNEUMONTA IMMEDIATE CAUSE (e) PYET ONEPHRITIS Conditions, if any, which geve rise to immediate cause (a), stating the underlying METASTATIC CARCINOMA, ADRENALS, LYMPH NODES, Site Tindet. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION prior 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert I or Pert I. of .tem 18) 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 3 should be de et work 19.62... and that death occured at A.M. from the causes and on the date stated above April saw the deceased alive on ATTENDING DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c PHYSICIAN S SEBASTIAN RUSSO. VAH, FORT HOWARD, MARYLAND 1 23d. LOCATION (City, town or county) . 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE THEREOF

1800 ELCMBI

Holy Redeemer Cem

E. IS RESIDENCE

YES NO X

IF UNDER 24 HRS.

U. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

Unknown

PERFORMED? NO T

(Stete)

SIGNED

2 DAYS

House

Dave

Belair Road, Baltimore, Md.

arthur & Kraus

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

ON A FARM?

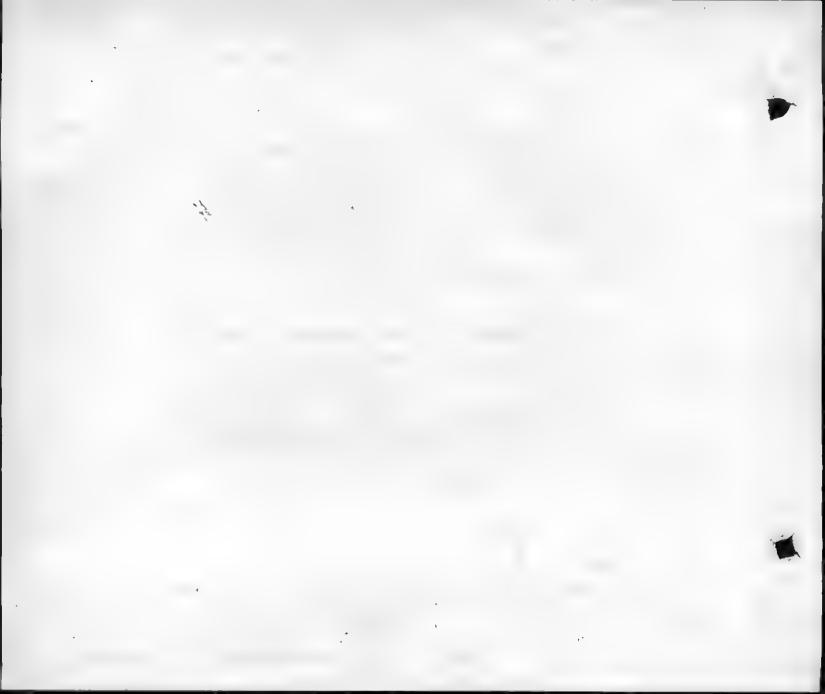
eath. Page 4 FUNERAL filed with the 0 VR A1S (4)

REMOVAL (Specify)

Burial



1	MARYLAND STATE DEPARTMENT OF HEALTH						
	[/		ALTIMORE 1, MARYLAND				
♥,	7	04338 CERTIFICATE OF DEATH	04334				
M	1.	PLACE OF DEATH a. COUNTY A STATE MARYLAND 2. USUAL RESIDENCE (Where doceased as COUNTY) B. STATE MARYLAND	hved, If institution Residence before edmission) b. COUNTY				
		b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate in the corporate	mils, write RUKAL and g ve neerest lown)				
X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	o. IS RESIDENCE ON A FARM				
	3	NAME OF DECEASED Middle Just OF	Month Dey Year				
-		(Type or print) DEATH (DEATH C	CATHER 1962				
I)	100	Lemala (1), WIDOWED TO DIVORCED [SEP. 24, 1877 84	yrs. Hours Min.				
	do	inedering most of working life, even if retired) Own Home Belde. In	d. W. S. a.				
	13.	FATHER'S NAME Oliver Stompsoul and In Mother's Maiden NAME					
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Adaposs 925 Colorida				
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: APT + (F) ACC (A TENT I A CAUSED BY)	INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (a) ATT CITOSCIETO TE CATE	110				
		geve rise to immediate cause	381657				
0		cause lest. (c)	M work . Anth				
U	ATTON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. OSTEOARTICRITIS SEVERE DEFINITY	TION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)				
	CERTIFICA	206. ACCIDENT WAS UNDERLY NG 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of ite.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	m 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or tow While Not While factory, street, office bldg., etc.)	(Stete)				
	WE	21. I certify that (I) (this hospital) standed the deceased from	4. [
		saw the deceased alive on	causes and on the date stated above.				
		1 MLL & Y CHURCH M.D. PHYS. DIRECTOR PHY	AFF SIGNED;				
1		22c. PHYSICIAN'S NAME (Type) Thos E. Runch 22d. ADDRESS Balto 1	Varl Pike -28				
	231	BURIAL, CREMATION, 236 DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION REMOVAL (Specify) 24/1/62 St. St. St. St. St. St. St. St. St. St.	(City, lown or county) (State)				
3	24	FUNERAL DIRECTOR'S SIGNATURE C ADDRESS 250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE				
DV	1	Sefect. W. 410/ Camona sou DATE 19812 162	arthur S. Kraus				
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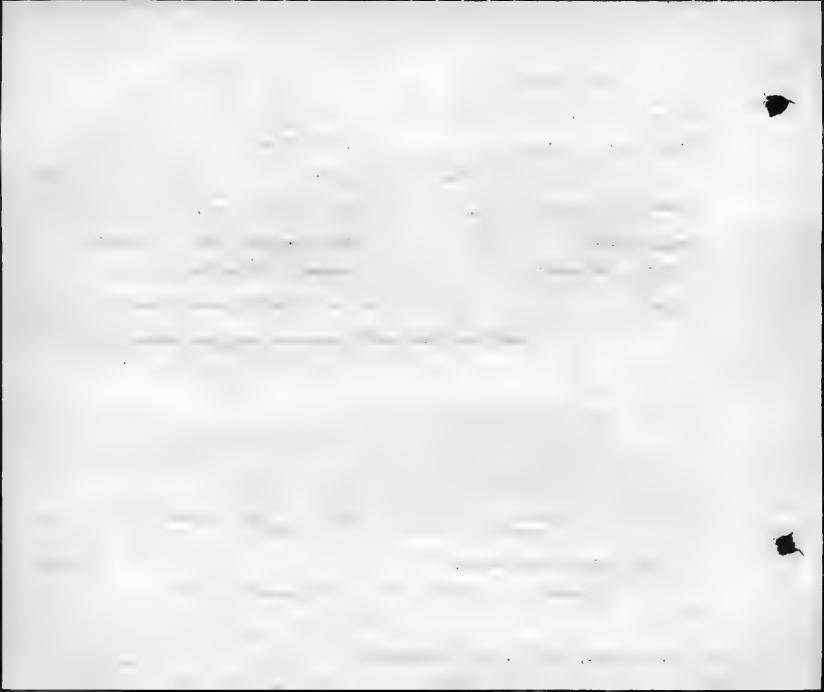


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04335

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, If institutions Residence before edmission)
Н	•	· COUNTY Baltimore MARYLAND	o. STATE M.d. b. COUNTY
/		b. CITY OR TOWN (if outside corporele limits, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end g've neerest town)
	R.	write RURAL and give necrest town) LRAL-Coukeysville 64rs.	Batto. over
•		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE
	1)	Ad. Masinia Home	1/23 Eutaw St. ON A FARM?
	3.	NAME OF A First Middle	Last 4. DATE Month Dey Year
		DECEASED A	eactle DEATH ADVIL 17 1962
			DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F	7. MARKIED NEVER MARKIED	Acco 6. 1874 last birthdey) Months Deys Hours Min.
	10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	do	ne during most of working life, even if retired)	10 11 100 1151
		FATHER'S NAME	13 Notinors City 1114. WIA
	10.	Otto Duker	Anna C. Radica
	9 E		
-/		s. no. or unknown) (If yes give wegor detecn (service)	
			asoni- Home Keeplds - Cookeysuille
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ALTENIOSO/EF6	tic a pupilio rascular disease logo +
		DUE TO	
		Conditions, if any, which (b)	-
		geve rise to immediate cause DUE TO	
		couse lest. (c)	<u>'</u>
r"	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Ϋ́		YES NO .
	CERTIFICATION		. (Enter nature of injury 'n Pert I or Pert II of item 18.)
	ä	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	4EDI	Hour a.m. While Not While facts	ory, street, office bldg., etc.)
	~	21. I certify that (I) (this hospital) attended the deceased from	C 2 1961 to Caril 1967 that (1) (wo) last
			death occured at #3M. from the causes and on the date stated above.
		220. SIGNATURE	22b. DATE
		91	D. PHYS. DIRECTOR PHYS. THE
1		22c, PHYSICIAN'S	22d. ADDRESS
I		NAME (Type) /= / wabett B. Shehrill MC	Cockywille Md.
	234	BURIAL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	200	DEMOVAL (Specify)	k Cemetery Baltimore
)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	1 -7	Wm.Cook, Inc., 1217 St.Paul Street, Balt:	imore
	l	maiotok, liter, 1217 beriade baroce, baro	THOLE DATE APR 1 9 62 1 Codding 2 / Kings



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

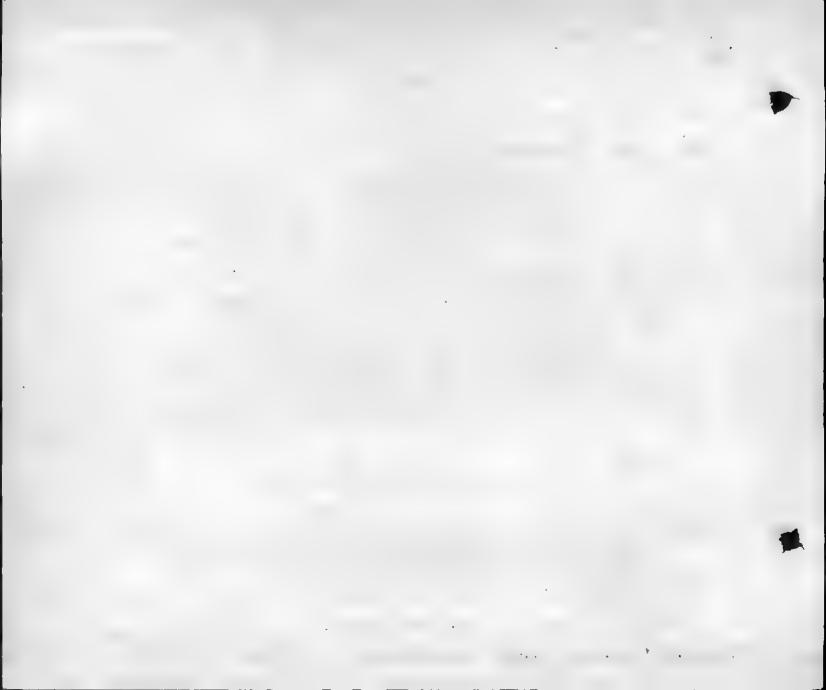
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eral directar, be filed with eath. Page 4 Pages 1 and 2 shauld LENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by this page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 shill be State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death TO HOSPITAL OR VR A15 [4] 1SM 9/59

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATH 2. USUAL RESIDENCE (Where dangered lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Mamland 90 MARYLAND b. CITY OR TOWN (if outside corporate rimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 42445 after (Kural Cockeysville Ē-Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. 15 RESIDENCE ON A FARM? YES NO NAMEOF Month ARICANIA paper DECEASED (Type or print) DEATH 196Z 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED рие last birthday) Months Davs Emale WIDOWED DE DIVORCED requires that the death certificate physician 10s. USUAL OCCUPATION (Give kind of work Гепоуе 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; Manyland MOUSE W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please e attending g Then please and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no, or unknown) | (Ifyesgive war or detes of service) Musonic Home signed by the INTERVAL BETWEEN 18 CAUSE OF DEATH [Entar only one couse per line for (e), (b), and (c). physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO attending Conditions, if eny, which has been geve risa to immediate ceusa DUE TO (e), stetling the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e). 19. WAS AUTOPSY certificate NOL PERFORMED? NO. A **PSP** 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. retained et work et work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from G to Copye 1 1 1962, that (1) (we) last 19.6.2, and that death occured at 1.30M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. HOSPITAL Jeath. Page 4 D FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county (Stata) REMOVAL (Specify) A G A Mt. Olivet Cemetery BURTAL 4-10-62 Baltimore 25. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 15M 9/60 APR 1 0 162

RYLAND STATE DEPARTMENT OF HEALTH

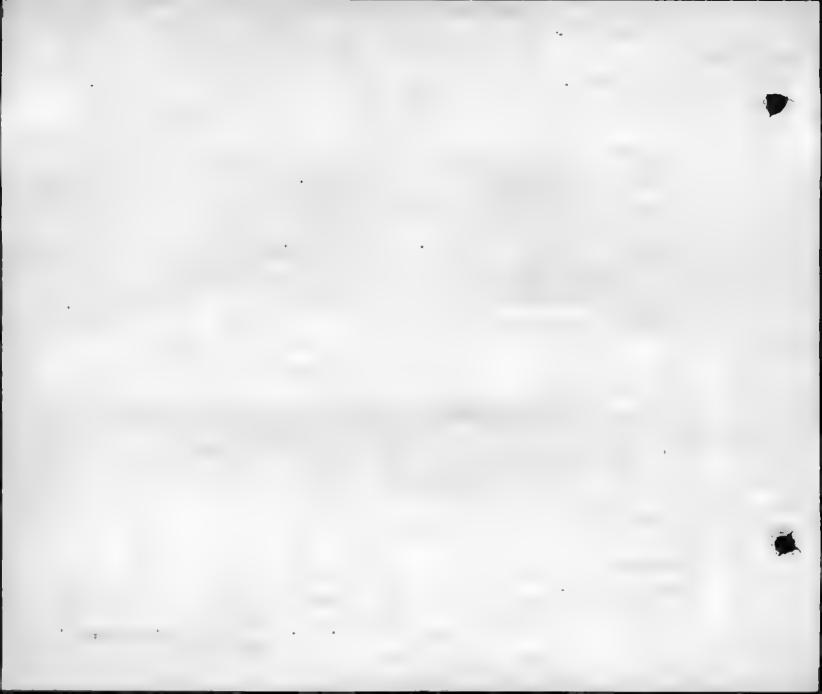


STATE DEPARTMENT OF HEALTI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before edmission) a. COUNTY **b. COUNTY** a. STATE MARYLAND b. CITY OR TOWN (if outs de corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town SSE d. NAME OF HOSPITAL OR/INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE Boar ON A FARM? YES NO 3. NAME OF DECEASED DEATH [Type or print] 19 DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 7. MARRIED Y NEVER MARRIED 2 with last birthday) Months 10a. USUAL OCCUPATION IG va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages M3. Pa 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECUR TY NO Address (Yes, no, or unkown) ! (If yes give we ror detes of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause fest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? 8 NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part f or Part II of tem 18) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED 20a PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day Year 20f. (City or town) (County) (Steller factory, street, office bldg., etc.) While Not While at work el work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection / Inquiry and in my opinion O death resulted from: Homicide Undetermined manner Natural causes 128 Accident Su'cide forwarde L DIREC ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER RAL J SIGNATURE DEPUTY EXAMINER'S should FUNE Address (Street, city, lown, or county) 220, BURIAL CREMAT ON 40 5 GREEN GREENMOUN VS. A15ME



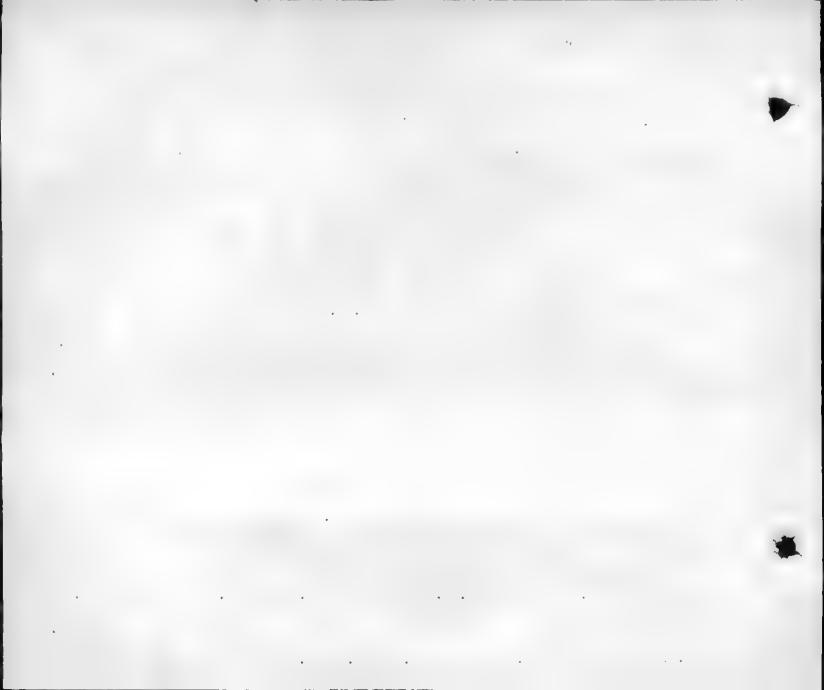
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admiss on) #. COUNTY Page a. STATE **b.** COUNTY Balto. Co Marvl and Dalto, Co MARYLAND b. CITY OR TOWN (if puts da corporata I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ŏ radshaw Life Bradshaw Board refained for y d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? and 3 to the funeral Bradshaw Bradshaw Md YES NO TE 3. NAME OF 4. DATE Midd a A onth Yaar DECEASED OF the (Type or onn!) DEATH 24 hours after death. If John Mrich Jr. 19 62 with 6. COLOR OR RACE T. MARRIED TE NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) F UNDER 24 HRS. may 2 last birthdey) mal p WIDOWED | DIVORCED F 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in flem 18. Give Pages 1, 2 done during most of working life, even if retired) Balto. Md ĬĬ. SA Expiditer Martin Co. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H Ulrich Louisa Breback 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) (Ifyesgivawarordatasofservica) e along with I Mrs Edna Bradshaw E Wid . 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. corried de location and IMMEDIATE CAUSE (a) Office **DUE TO** the to Hunging gave rise to immediate cause "pending" Examiner's 40 **DUE TO** (a), stating the undarlying 89 ե causa last. used PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word cremat NO should 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH writing to Chief A 2Dd. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (C.ly or fown) age to be 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, streat, offica bldg., atc.) While Not While Hour a.m. please execute the certificate, v 4 should be forwarded to the O FUNERAL DIRECTOR: Pa or its designated agent, prior f at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry and in my opinion designated agent, death resulted from: Accident [Suicide 1 Homicide Natural causes Undetermined manner CHIEF MEDICAL FXAMINER DEPUTY ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 74 -EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL CREMAT ON 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Purial St Michael Baltimore Co. em. Ĥ 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR 1, 24b. REGISTRANS SIGNATULE DE VS. AISME 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
6	04340
(\mathbf{N})	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss e. STATE b. COUNTY
-	Baltimore MARYLAND Garyland Baltimore
	b. CITY OR TOWN (if outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS [e. IS RESIDEN
%	ON A FAR
	7809 Chelsen St. 3. NAME OF First Models Last 4. DATE Month Day Yes
	(Type or print) Peter Granger Vander Page DERTH April 23 19 42
	5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BRTH 9. AGE (In yours IF JNDER TYEAR, IF UNDER 24 HI
	WIDOWED DIVORCED 7-4-1888 173 yrs. Months Days Hours Mir
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNT
	Banking New York
	13. FATHER'S NAME
T)	Augustas Vander Poel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	[Yes, no, or unkawn] (Ifyesgivewerordetesofservice)
	18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c).] Above Interval Between
	PART I, DEATH WAS CAUSED BY,
	IMMEDIATE CAUSE (a) Cerebral Vascular Accident 1 for.
	conditions, fory, which (b) Hijpertensive Cardio Vascular Disease 6 urs.
	geve rise to immediate cause [6], sletting the underlying DUE TO
	couso lost. (c) Carcinonatosis extensive
1.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED
	S Carcinoma Prostrate YES NO [
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or Pert II of Item 18.) OR CONTRIBUTING AUGUST
	Hour e.m. While Not While factory, street, office bldg., etc.)
	21. 1 certify that (I) (this hospital) attended the deceased from SQUL
	22e, SIGNATURE 22b. DAT
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. \(\square\) 4-23-62
-	22c. PHYSICIAN'S NAME (Type)
-	B.H. Rutledge, M. D. 18 E. Eager St., baltimore 2, Mid.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
0	Cremation 14-25-62 Greenmount Baltimore Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REGISTRAR' 256, REGISTRAR'S SIGNATURE
1.	H. J. Jenkins & Sons Co. 4905 York Rd. balto. 12, Hiddate APB 26 '62 Outhur S. Kraue
11.	A There

MARYLAND STATE DEPARTMENT OF HEALTH



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IO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 rt. se retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deadh.	

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

I	CERTIFICATE OF DEATH
I	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution; Residence before admission)
1	& COUNTY BOLL BOOKEN
ŀ	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest lown)
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
l	ON A FARM?
ŀ	1808 54 1161 Ave. 1808 54 1161 Ave. 185 NODA
ı	3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED OF
ı	(Type or print) Mary T3 Vernetson DEATH April 22 1962
I	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Fremale White Widowed Divorced 500 T. 16 1877 84 yrs.
I	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	Housework One Home Maryland U.S.A.
ı	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ı	John Murphy Unknown
ì	15. WAS DECEASED EVER IN J S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1	(Yas, no, or unkown) (livesgive were redetes of service) Margaret L. MEMahus 1808 Sutton Ave.
Ì	16. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),
١	PART I. DEATH WAS CAUSED BY:
1	IMMEDIATE CAUSE (6) CACCELE CONTROL OF CLEUSING LOSSI
١	DUE 10 Color Cambria Alla soula Den 2-14a
ı	Gonditions, if eny, which gave rise to immediate cours
1	(e), stating the underlying DUETO
ı	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOSY
1	PERFORMED?
i	YES NO Z
1	208 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 11 of I/am 18) OR CONTRIBUTING CAUSE OF DEATH
J	U (IF EITHER, NOTIFY MEDICAL EXAMINER)
Ì	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. 20f. (City or lown) (County)
١	Hour a.m. While Not While st work P.m. 19 at work st work
ı	21. I certify that (I) (this hospital) attended the deceased from 1960 to 271962 that (I) (wa) last
ı	saw the deceased alive on
ı	226. DATE
1	ATTENDING MED. STAFF S.GNED M.D. PHYS. DIRECTOR PHYS. STAFF S.GNED
1	22c. PHYS C AN'S
1	Bruke Brumbough MD 5609 Main St Elkridge 27, Md
	238. SURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION (City, town or county) (State)
	REMOVAL (Specify) 4/26/62 New Cothedrol Cemetery Bottimore Maryland.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
1	12.26 le le le le le le le le le le le le le



STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) e. COUNTY Page our files. of Health, e. STATE **b.** COUNTY Baltimore County MARYLAND Baltimore-Go. b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) for your ny delay is r funeral direc. Baltimore Board d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) . IS RESIDENCE ON A FARM? be retained th the State B Balto. Beltway at Rt. 40 YES NO Riverside Avenue 3. NAME OF 4. DATE Month to the DECEASED OF (Type or print) DEATH JOHN. VINSON April 30, 19 62
9. AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS. G. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH may age 5 may 1 and 2 w. 72 hours last birthday) Months | Days and WIDOWED [DIVORCED [Male 10a, USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) PM3. Pa 13. FATHER'S NAME if. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. I permit. (Yes, no, or unkown) | (If yes give war or dates of service) with 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (cl. INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranio-cerebral injury DUE TO removal Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying Examiner should be used be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0), 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO DO 20a EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) ste, writing the the Chief Med R: Page 3 shourier to bullial, PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Passenger in auto which ran through barricade at end of beltway 1 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) Not Whila C factory, street, office bldg., atc.) at work at work be Balto. Beltway at Rt. 40. Balto. forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and in my opinion death resulted from Natural causes Accident 30 Suicide Homicide Undetermined manner lease execute the ct should be forward PUNERAL DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S HOWARD G. SHAUB M. D. Addi NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOYAL (Specify) 40 9 23. FUNERAL DIRECTOR VS. A15ME 5M 9/60 DATE LAY 2

AARYLAND STATE DEPARTMENT OF HEALTH



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xecuted		ompletely	papers,	in 72 h	
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TO HOSPITAL CHITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after		TO FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	& director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	ny event,	
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	death. Page 4 ma roe retained by the hospital or attending physician.	R A	15	60)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04347

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(V	H - COLDERY	WAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) TATE Mary Land b. COUNTY
`	Write RURAL and give neerest lown) Cationsville Limth8dys Ba	LITY OR TOWN (If ouls de corporata limits, write RURAL and give neerast town)
4	d. NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street address) d. SPRING GROVE STATE THE STATE.	STREET ADDRESS 772 Canal Street 772 Canal Street 772 Canal Street
7	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
	(Type or pr'nt) Floren ce Was 5. Sex 6. Color or race 7 married Never Married B. Date	DEATH April 22 19 62 OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	female white widowed Divorced April	27, 1893 last birthday) Months Days Hours M.n.
	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if refired) housewife	RTHPLACE (County & Stele, or fore on country) Penna. U. S.
		THER'S MAIDEN NAME
	unknown	unknown
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM UNKNOWN (Rycsgivowerordatesofservice) unknown R.comas	
	1B. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) arternocluration Las	ent deserve long Stanling
	1 1 1 2 2 2	
	Conditions, if any, which generalized actions governs to immediate cause	Certain
	(e), stelling the underlying DUETO	
		D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	E chrice brain Lyndrone with pay cho	on due tartinoscleroses, YES NO I
	200. ACCIDENT WAS UNDERLYING \(\text{V} \) V20b. DESCRIBE HOW INJURY/OCCURED. (Enter a OR CONTRIBUTING \(\text{CAUSE OF DEATH} \) (IF EITHER, NOTIFY MEDICAL EXAMINER)	eture of injury in Pert I or Pert II of item 18.)
	Hour a.m. While Not While factory, street	JURY (Home, farm, t, office bldg., etc.) (City or town) (County) (Stata)
	21. I certify that 30 (this hospital) attended the deceased fromDec	. 9. 6. 6861, to April 22, 1962, that (6) (we) last
	saw the deceased alive on	occured atM, from the causes and on the date stated above.
		TENDING MED. STAFF YS. X DIRECTOR PHYS. 7 5-1-62
/		ADDRESS SPRING GROVE STATE HOSPITAL CATOUSVILLE 28, Mary land
	23. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMETERY OF CREME	AATORY 23d. LOCATION (City, town or county) (Stete)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	McNabb Catonsville, Md.	DATE WAY 3 '62 Commy & Transas

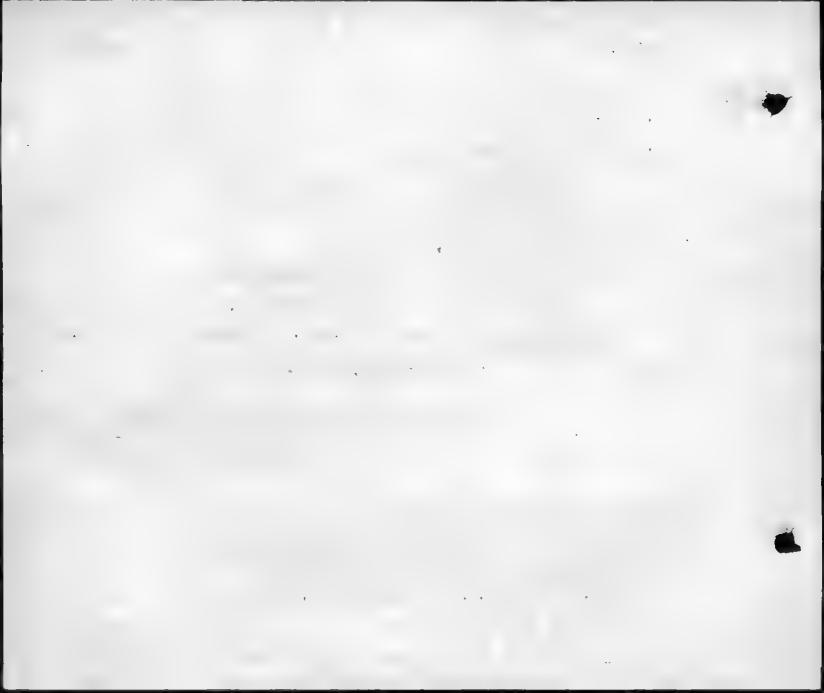


certificate

MARYLAND STATE BEDARTMENT OF HEALTH



TREET, BALTIMORE 1, MARYLAND OF DE 1. PLACE OF DEATH a. COUNTY Baltimore County b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest lown) c. LENGTH OF STAY IN 16 Mt. Wilson ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Wilson State Hospital YES NO X 3 NAME OF 4. DATE M ddle Month Day OF (Typa or print) 55 0 Charles DEATH 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months Hours WIDOWED DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY physician done during most of working life, even if refired) Track Hand
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI death ₽. aftending ğ, 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Medical records, Mt. Wilson State Hospital signed by the 18. CAUSE OF DEATH [Enter only one ceuse per ine for (a) INTERVAL BETWEEN physician. ONSET AND DEATH luber culosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO EMPHUSEMA Conditions, if any, which geve rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Pert I or Part II of frem 18) 2De. ACCIDENT WAS UNDERLY NG LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Steta) 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, straet, office bldg., etc.) While Not While at work at work , 19 42 that (I) (we) last CIO 21. I certify that (I) (this hospital) attended the deceased from...... 19 62 and that death occured at M. from the causes and on the date stated above saw the deceased alive on. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. HOSPITAL eath. Page 4 FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Newcomer, M.D., Superintendent Mt. Wilson, Maryland 23c. NAME OF CEMETERY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. REMOVAL- (Specify) P S ಗ್ತಿ REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

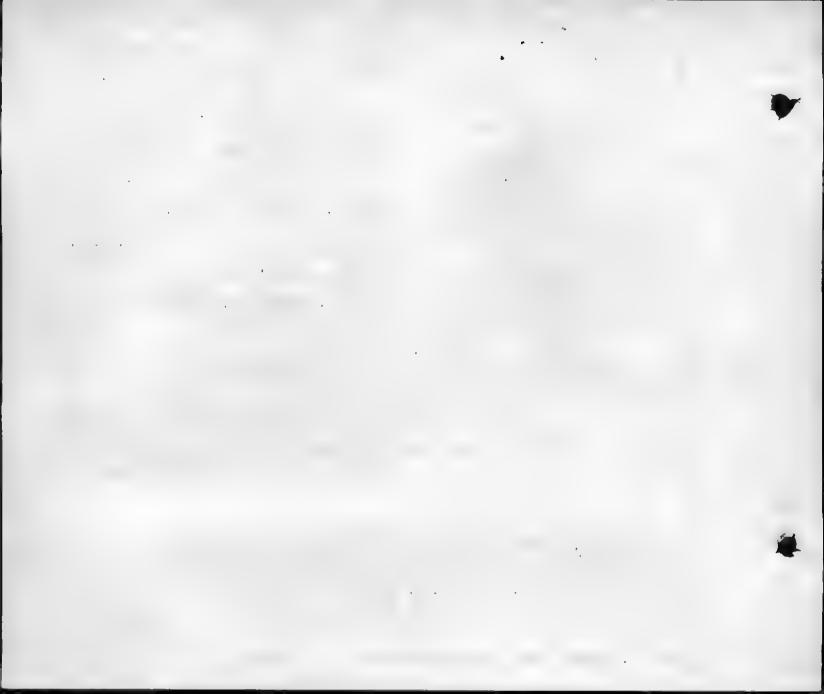


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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٦.	PLACE OF DEATH	1	4 -		2. USUAL !	ESIDENCE (Who	re deceased liv	ed, If institut	ion: Residence	before #dm'ssion)
1	a. COUNTY	Baltimore		MARYLAND	e. STATE	Md.	ь.	COUNTY	Baltimo	ore
	b. CITY OR TOWN (f outside corporata I ma guve neerest town! IMOTE (Arb		GTH OF STAY IN 16		R TOWN (If outside		, write RURA	Land give ne	arest town)
			· I			more (Ar	outus)_			
		TAL OR INSTITUTION (e street eddress)	d. STREET	ADDRESS				a. 15 RESIDENCE ON A FARM?
1300 North Avenue					1300 1	lorth Ave:	nue			YES NO KIK
3.	NAME OF DECEASED (Type or print)	First Flora	C. Warre	Midde	Lest	4. DA		Month oril 2	1, 1962	Yeer 2 19
5.	SEX	6. COLOR OR RACE	7 MARRIED KX NE	VER MARRIED 1	B. DATE OF BIRT	н	19. AGE (In	years [IF UN		F UNDER 24 HRS.
	female	white	WIDOWED	DIVORCED		2, 1890		96.	ths Days	Hours Min,
		ION (Give k'nd of work		USINESS OR INDUS	TRY ' 11. BIRTHPL	ACE (County & Sta	le, or foreign co	untry) 17	CITIZEN OF	WHAT COUNTRY?
	house	vife			Maı	ryland			U. S.	A.
13.	FATHER'S NAME			-	14. MOTHER	MAIDEN NAME		,		^
	Herr	nan RK Pohl	haus		Eliza	beth Ter	veer			
15.	WAS DECEASED EV	ER IN U.S. ARMED FOR fyesgivewerordetesofs	CES? 16. SOCIAL		INFORMANT			ddress		
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	18. CAUSE OF I	EATH [Entar only one	ceuse per line for (e		1	1		~ _	INTE	RVAL BETWEEN
		H WAS CAUSED BY:	Cor	mary T	Crowbor	uo				O Muy .
	17.3	DUE TO	21	- 0.	+	17).				7 1/10
	Conditions, if eny	which (b)	Cera	riscler	suciC 0	Diseas	P		-	Jus.
	geve rise to immed	lete cause				<u>-</u>	•			7
	(a), stating the u	nderlying								
z		(c)	TIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	EASE CONDITIO	N GIVEN IN	PART I(e) 19	WAS AUTOPSY
ATIO									YE	PERFORMED?
5	20s ACCIDENT W	AS UNDERLYING	20b. DESCRIBE HO	OW INJURY OCCUR	ED. (Enter neture o	figury in Pert Lor	Pert II of Item 16	5.]		
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER								
I -	20c. TIME OF INJU		er 120d, INJURY C	CCURRED 1 20e. P	LACE OF INJURY	Home, ferm. 20f.	(City or town)		(County)	(State)
MEDICAL	Hour a.m.		While Not	While ft	ctory, street, office					
Σ	р.т.	19	1 44-44	work	1/-	3	21	7/	1063	. (1) (
	21. I certify 1	that (I) (this hospi								at (I) (we) last
		sed alive on	7 - 7 - 1	19.61, and th	at death occu	ed at A.CM,	from the ca	uses and	on the dat	
	22a. SIGNATURE	N. I	Mea	0001	ATTENDIR		STAFF	_		226. DATE SIGNED
		great.	Z Carre	Z	M.D. PHYS.	DIRECTO	R PHYS.			1-23-62
	22c. PHYSICIAN S	John	F. Schaefe	M. D.		Random 1	Road			
23	a. BURIAL, CREMAT	ION, 23b. DATE THE	REOF 23c. N	AME OF CEMETER	OR CREMATOR	Y 23d.	LOCATION (C	ity, town or	county)	(State)
	REMOVAL (Specify Burial	4/24/		oudon Parl	Cemeter	v Ra	ltimore	Mary	land	
24	FUNERAL DIRECTO			ADD RESS		25e. REC'D BY				JRE
1-		Hubbard, 41			#29		2 4 150			
1	TO THE LA LIE	7.1	O MALENCII	O ZIV CIIIC			5 5 760		hug & the	NA.A



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. emotion, 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) DAMES OF BUILDING a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If bytside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest towns 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? YES NO M DATE NAME OF Middle Last Month Day Year DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH last birthday] Months Min. WIDOWED [7] DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? VIRGINIA CHOOL COSTODIAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MOY FOGELSO K) 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yet, give war or dates of service) ATSON -HENEGORD INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO T YES [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] (State) factory, street, office bldg., etc.) Not while at work at work p. m. Inspection (2), I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry and find that DIRECTOR: death resulted fram: Natural causes Accident , Suicide , Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 2 cute the certi forworded to FUMBRALL ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINER 12-NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (Stole) Ю 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. ATSME(\$) DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



IO HOSFITAL O. TIENDING PHYSICIAN: The law requires that the death entiticate be executed within 24 flours after death. Page 4 m is retained by the hospital or altending physician. Getth. Page 4 m is retained by the hospital or altending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.				•	1	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04250 OADAO

1	1/2/00	6					O.F.O	40
1	1. PLACE OF DEATH		11	2. USUAL R	ESIDENCE (Where d	eceased lived, if inst	ritut on/ Residence	e before edmiss on)
	Baltimore		MARYLAND	a, STATE	Maryland	b. COUNTY	Baltimo	ore .
1	b. CITY OR TOWN (if outside corp write RURAL and give neares)	orate limits, c. LENS	GTH OF STAY IN 16	c. CITY OR	TOWN (If outside corp	porate limits, write RI	URAL and give no	earest town)
١	Overlea		years	X	Overlea			
1	d. NAME OF HOSPITAL OR INSTIT			1 d. STREET				e. IS RESIDENCE
	4304 Kenwood A			4304	4 Kenwood A	ve.		ON A FARM?
1	3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Year
١	(Type or print) ELIZ.	ABETH K.	WEIKERT		OF DEATE	April	30,	19 62
ı	5. SEX 6 COLOR C	OR RACE 7. MARRIED NE	YER MARRIED B.	DATE OF BIRTH	,	AGE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS,
	Female White	WIDOWED X		arch 14	1881	81 yrs.	ionths Days	Hours Min.
ı	10a. USUAL OCCUPATION (Give kin done during most of working life, eve	d of work 10b, KIND OF B	USINESS OR INDUSTRY			foreign country)	12. CITIZEN OF	WHAT COUNTRY?
1	At home	o il rolling,		Mary:	land		U.S.A	1
	13. FATHER'S NAME		1		MAIDEN NAME		0 4 1 3 4 2 1	
٧	John H. Hartlin	e		Mary	Deigert			
J	15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL	SECUR TY NO. 17. IN	FORMANT		Address		_
	No.	desergisetAtCe)	Fred	derick l	. Ha rt line	4304 Kon	mood Arre	
1	18. CAUSE OF DEATH Enter	only one cause per line for (a)	, (b), and (c).]	TOT TOW 1	1. Hal Oline	4004 Vell	INTE	RYAL BETWEEN
1	PART I. DEATH WAS CAUS	ED BY: D. there	scleration	Cardi	Voscula	Dise		SET AND DEATH
	422,1	DUE TO			v Q O G A G I	70		10
1	Conditions, if any, which	(b) Sev	ione Genor	aleni	. 0		un	naut.
1	gave rise to immediate couse	DUE TO	7)	5				
	(a), stating the underlying cause last.	(c)						
)	PART II. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTIN	7 - 1 - 1				IN PART 1(e) 19	WAS AUTOPSY PERFORMED?
	Malnuta Malnuta	ition - selo	ndon to le	oull d	lis comfort:	2 pain	YE	ES NO I
ı	208. ACCIDENT WAS UNDERLY!	NG 206. DESCRIBE HO	W INJURY OCCURED.	(Enter nature of	in uzy in Part I br Part I	l of item 18.)		_
1		AMINER)						
j	⊻	, Day, Year 20d, INJURY O		E OF INJURY (F		y or lown)	(County)	(Slate)
١	Hour s.m.		While sector	y, sireer, office	order, elect			
	21. I certify that (I) (this	s hospital) attended the	deceased from	146	O, 19. , to	april 3	0, 1962-th	at (I) (we) last
	saw the deceased alive or	n 1/124 28 1	9.40., and that o	death occur	d at 8.1t.M, from			
	228. SIGNATURE	d 177 1		ATTENDING	MED.	STAFF		22b. DATE
	win !	i. He	M.D	m. II.a	DIRECTOR	PHYS.	-5-	1-6 ZSIGNED
	PHYSICIAN'S NAME (Type)	IN (2) 140	le	22d. ADDI	27 Bul	an Re	1 Ball	436
-	23a. BURIAL, CREMATION, 236 DA	ATE THEREOF 23c. N	AME OF CEMETERY OF	R CREMATORY	123d. LOC	ATION (City, town	or county)	(Stete)
	Burial (Specify) May	2, 1962 0	ak Lavn Cem	etery		gate, Md.		
	24 FUNERAL DIRECTOR'S SIGNATUR	IE A	DDRESS	- 1	25a. REC'D BY REGIS		TRAR'S SIGNATU	JRE
	Ullrich Funeral H	iome 4210 Belai	ir Road.		DATE MAY 3 '6	2 Circle	my S. Themes	A



NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR AT

VS A15 (4) 15M 10/57

may be retained by the form of the continuous physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fup page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

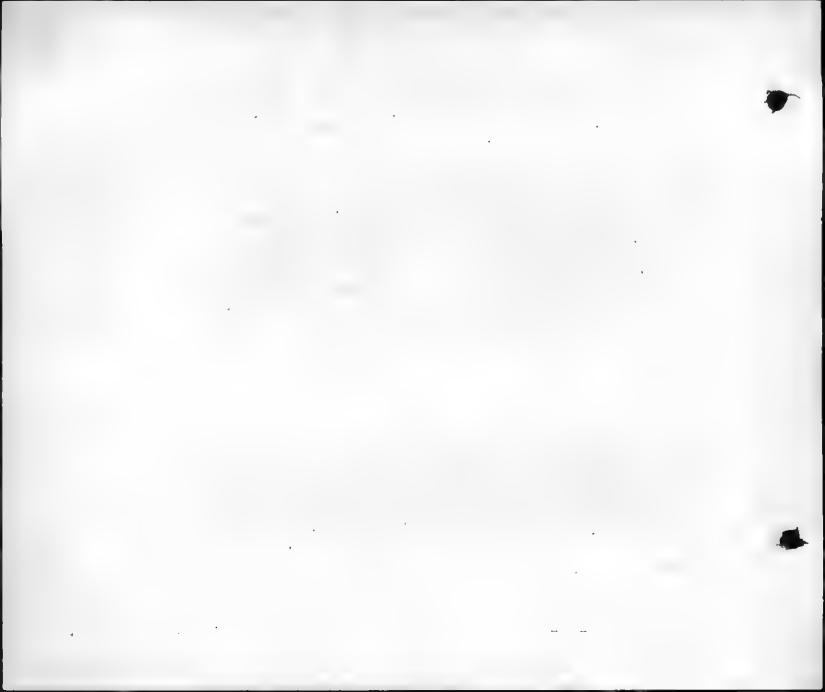
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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04353	CERTIFICATE OF DEAT
1. PLACE OF DEATH	2 HISHAL RESIDENCE ON

Reg. Dist. No.

		Baltimore	MARYLAND	I o. STATE		b. COUNTY Ba	lti ore
ı		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Catonsville	7yr6mth27dys	c CITY OR TOWN (IF	outside corporate fin		give negrest town)
		d. NAME OF HOSPITAL (If not in hospito), give street of institution SPRIMG GROLE STAE HOS	oddress)	d. STREET ADDRESS	Apartmen		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or print) Etta	Middle A.	losi West	4. DATE OF DEATH	Month April	Day Year 19 19 62
		female white widows	D DIVORCED	Dec. 4, 108	5 192	birthdoy) Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUS CW J.T. C	KIND OF BUSINESS OR INDU	haryland	or foreign country)		IZEN OF WHAT COUNTRY
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
L ,		Frederick Schulte		Mary	Hubbard		
		L. no. or unknown) (If yes, give wor or defet of service)		rormant corus: SPRI	NG GROVE	Address SFATE HO	SPITAL
		18. CAUSE OF DEATH {Enter only one couse per fin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoling the under. DUE TO	e for (o). (b), and (c).] ar nic nephrit	is			INTERVAL BETWEEN ONSET AND DEATH
A	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT A arterioseler RIBE HOW INJURY OCCURRED	osi s			T I(o) 19 WAS AUTOPSY PERFORMED? YES NO [3]
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While p. m. 19	Not while fee	CE OF INJURY (Home, for tory, street, office bldg., etc	n, 20f. (City or low	(n) (County) (Slote)
21. I certify that Kaltended the deceased from Sept. 21, 1954 to April 19, 1962, that Klast saw to alive on April 19, 1962, and that death occurred at M, from the causes and on the date starting of F. Jan. Spring Grove State Hospital						he date stated above. DATE SIGNED	
		PHYSICIAN'S LORETTA Y. F.	HSU	Caton		, Mary land	
1		BURIAL CREMATION, 226. DATE THEREOF 4-21-1962	22c. NAME OF CEMETERY OF WOOdlawn	CREMATORY	Woodle	Lity, town, or county)	(Store)
	23,	FUNERAL DIRECTOR'S SIGNATURE HOWARD STORY 325	ADDRESS	240. REC	D BY REGISTRAR PR 2 3 '62	24b. REGISTRAR'S SI	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Rasidence before edmission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) b. CITY OR TOWN lift outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 10 a. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ON A FARM? YES NO NAME OF DATE Month DECEASED OF (Type or print) DEATH 5. SEX OR RACE DATE OF 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working lule, even if retired) tuuse wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (If yes give we condetes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSEZ AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20e. ACCIDENT WAS JNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, : 20f. (City or town) (County) (State) Month, Day, Yeer factory, streat, office bldg., etc.) While Hour a.m. Not While at work at work p.m. 1956 21. I certify that (1) (this hospital) attended the deceased from. .., that (1) (we) last saw the deceased alive on...... 22b. DATE 22_B. SIGNATURE SIGNED MFD DIRECTOR PHYS. M.D 22d. ADDRESS 22c PHYS CANS CREMATORY (Stete) 23a. BURIAL, CREMATION. REMOVAL (Shecify, 256. REC'D BY REGISTRAR DATE APR

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filled in Pages 1 a

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physician

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physician.

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After this

DIRECTOR

death. Page 4
TO FUNERAL director, page be filled with t

VR A15 (4)

the certificate

as

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oval.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04355 I. PLACE OF DEAT 1 2. USUAL RESIDENCE (Where decasted lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY Baltimore MARYLEND b. CITY OR TOWN (if outside corporete lim ts, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Catonsville 10 days Annapolis, rld. d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, g va straat address) d STREET ADDRESS 109 Chaster Avenue GRO JAE HOS THAT completely NAME OF 4. DATE DECEASED Wilde April (Type or print) DEATH Lawrence 6 COLOR OR RACE Y, MARRIED THE NEVER MARRIED AGE (In years | IF UNDER I YEAR | 8. DATE OF BIRTH and last birthday) Months white June 30, 1894 male WIDOWED [DIVORCED T 100. USJAL OCCUPATION IG va kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (County & State, or fora gr country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) PAINTER Maryland painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hilda Edgar William Woolde 15. WAS DECEASED EYER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (if yes givawar or dates of service) Records: SPRING GROVE STATE unknown 1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:

[MMEDIATE CAUSE (a)] Pulmonary embolism After this certificate has been signe tached for use as the burial-transit DUE TO Iliac and femoral vein thrombosis gava rise to immadiata causa DUE TO (e), stating the undarlying Col n diverticulitis, purulent PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part | or Part || of item 18.) 20e. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED ! 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) Not While Whila Hour e.m. 21. I certify that () (this hospital) attended the deceased from Parch 22 saw the deceased alive on April 9 19.62, and that death occured at... . M, from the causes and on the date stated above 22a SIGNATURE ATTENDING. DIRECTOR PHYS. director, page 3 be filed with the 22d. ADDRESS SPRING GROVE 22c. PHYSICIAN'S SIA E HOSPITAL NAME (Typa) Stella Wachsler, M. D. Catonsville 28, Ed. 23a. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

Days

HO PI LAL

(County)

4-10-62

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

22b. DATE

ON A FARM?

1962

IF UNDER 24 HRS.

Hours

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



within papers. n 72 ho completely within and cor physician гетоме please aftending the ig physician, signed by th burial-transit has the t certificate SS use detached DIRECTOR: O HOSPITAL death. Page 4 I with th TO FUNE director, 1 VR A15 (4)

ISM 7/61



9	2	1
1	3	

TO HOSPITAL retained by the hospital or attending physician.

TO FUNERAL III TOR: After this certificate has been signed by the ettending physician end completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

	MARYLAND	STATE	DEPAR	TMENT C	OF HEA
DIVISION OF STATISTICAL	DECEADOM AN	ID DECOR	DC 201	W DDECT	OM STDE

LTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04358 CERTIFICATE OF DEATH 04354

H	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before adm 4. COUNTY					
1	Baltimore MARYLAND	a. STATE Md. b. COUNTY	Balto.			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necres) town) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	've nearest lown)			
	Glyndon	X Glyndon				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?			
	2 Chatsworth Ave.	2 Chatsworth Ave.	YES NO K			
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer			
i	(Type or print) Frances H.	Wilson DEATH ADT 11	4, 19 62			
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years F UNDER 1 Y	FAR IF UNDER 24 HRS.			
	Female White	ipril 8, 1889 last birthday Months Da	Hours Min.			
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stefe, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Housework	Maryland	USA .			
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
_ /	Charles V. Hummel	Emma Meredith				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. (Yes, no, or unknown) (Ifyesgive war or detectors of service)	NFORMANT Address				
	No None Mr.	Donald Wilson Glyndon, Md.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH			
	PART I, DEATH WAS CAUSED BY: Coronary Occlusion		10 min.			
	DUETO					
	gave rise to immediate cause					
	(a), staling the underlying DUETO					
	cause lest. (c)	THE ATER TO THE TERMINAL DISEASE COMPLETON CIVEN IN DART S	IN THE WAS ALITORSY			
7	PAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION SITEM IN TAKE	PERFORMED?			
	3 none		YES NO			
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of Injury in Pert I or Pert II of sem 18.)				
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLA	CF OF INJURY (Home, farm, 1 20). (City or lown) (Count	y) (Stete)			
	Hour e.m. none While Not While at work					
	21. I certify that (I) (INNEWSWAY) attended the deceased from	1-13-56 19 to Apr. 4 19.6	2, that (I) (3030) last			
	saw the deceased alive on 3-24-62 19 and that	death occured at 0.00 M, from the causes and on the	e date stated above			
	22a SIGNATURE 22b. DATE					
	ATTENDING MED. STAFF					
	22c. PHYSICIAN'S 22d. ADDRESS					
9	NAME (Type) D. D. Caples, M. D.	6 Hanover Rd., Reisterstown,	Md.			
4~	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		(State)			
	REMOVAL (Specify)		(3)			
Burial 4/7/62 Druid Ridge Cemetery Pikesville Md.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADR 9 62 Cathur S. There						
J. F. Eline & Sons Reisterstown, Md. DATE APR 9 '62 Cultum A. Thurs						



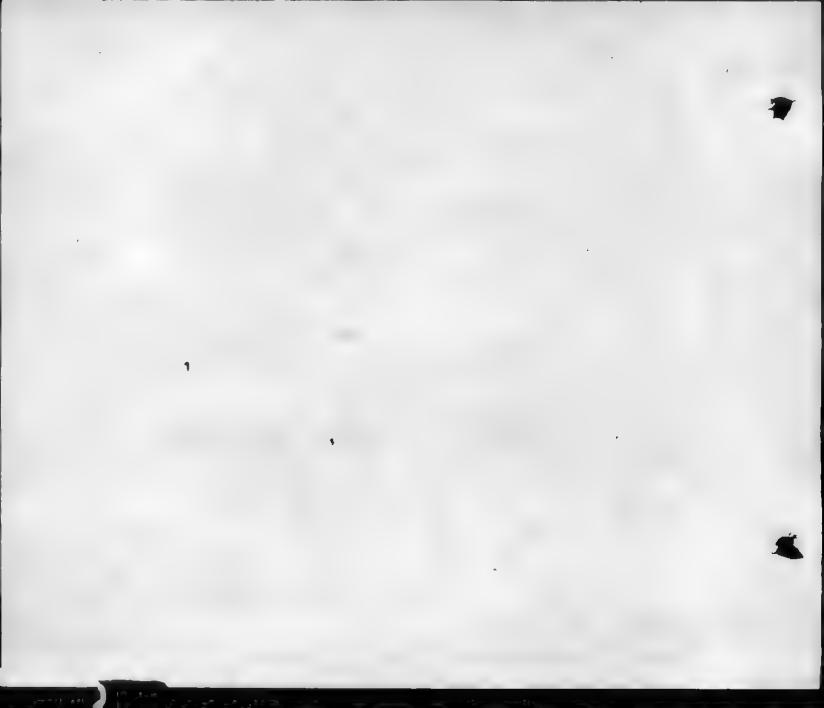
. 3	100	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
1 2 1 C	7	04359 CERTIFICATE OF DEATH Reg. Dist. 04355					
Poge director		1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md COUNTY					
r. r. rol	M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) VIIIa Nova c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City					
urs after by the d 2 shou	X	d NAME OF HOSPITAL (If not in hospitol, give street oddress) or ansitution Villa Nova Ave 3210 Chestnut Ave e. IS RESIDENCE ON A FARM? YES NO X					
in 24 hau filled in ges 1 an		3 NAME OF DECEASED (Type or print) Clara C. Fict Mode Last 4. Date Month Day Year OF DEATH April 26, 1962					
ed withir	•	5. SEX Female 6. COLOR OR RACE White Widowed Divorced Divorced August 31,1880 9. AGE (In years Funder 1 YEAR Funder 24 Hrs. Months Days Months D					
e executed and cample ban papers.	1,	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife Va., 12.CITIZEN OF WHAT COUNTRY? U.S.A.					
e be carbo		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
rtificate physicis mave a		John Jefferson Dora Showalter Is, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address					
certify g ph rem		(Yes, no, or unknown) [If yes, give wor or dores of service] 216-05-5486Barry O. Wooden 3210 Chestnut Ave.					
requires that the death certificate be executed within 24 haurs ion. In signed by the ottending physician and campletely filled in by nsit permit. Then please remave carban papers. Pages I and 2 and in any event within 72 haurs after death.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under: lying couse lost. [b] DUE TO Conditions of any and couse lost. [c]					
: The taw rang physicio e has been buriol-trans	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO					
IAN endi ficot ficot the		20a ACC DENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER).					
PHYSIC ol or oth this certification is eastern emotion, emotion,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While of work of					
ING ospit ffer ed fo		21. I certify that I attended the deceased from and 1962 to april 262, 1962 that I last saw the deceased					
retained by the RAL DIRECTOR. A should be detached street by the street	1	alive on Cypul 25, 1962, and that death accurred at 1.p. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 846 CU. 3672 St. 4-27-62 PHYSICIAN'S REUBEN HOFFMAN, M.D.					
2 8 M w g		220. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State)					
O HO may b O FUN page the re	0	Burial 4-31-1962 St. Marys. (Hampden) Baltimore Md.					
VS A15 (4) 15M 9/58	BI	23 FUNERAL DIRECTOR'S SIGNATURE 814 W. 36 CD. St. Balto, 11, 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Carling & Krause					



VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

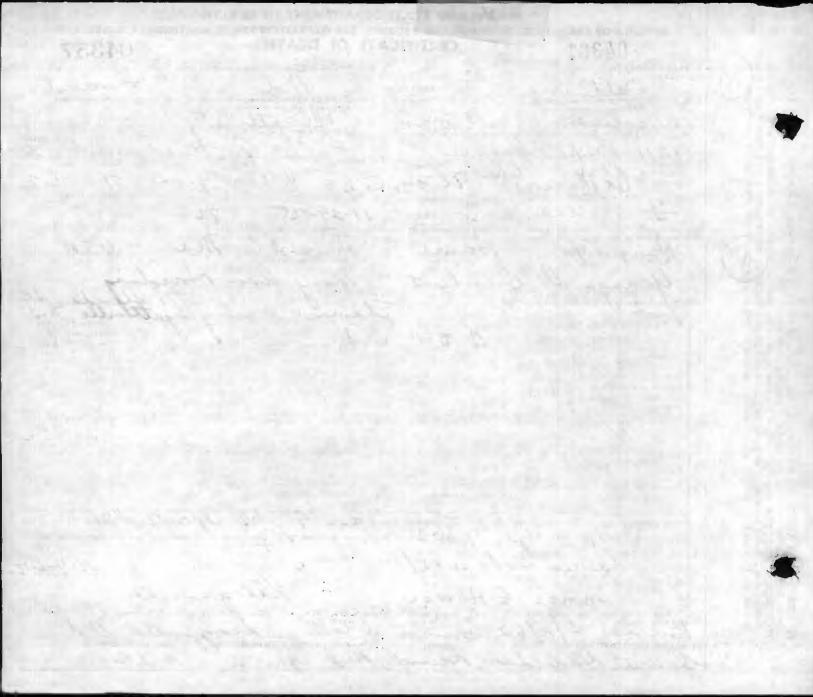
-	04360	CERTIFICATE OF DEATH	04356 _
1,	PLACE OF DEATH	II A A	E (Where decessed lived, If institution: Residence before edmission)
	BALTIMORE	MARYLAND . STATE MAR	YLAND BALTIMORY
Γ	b. CITY OR TOWN (if outside corporete I mits, write RURAL end give nearest town)		outside corporete limits, write RURAL end give neerest town)
	lauson	10 YEARS X TO	WSON
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp	tel, g ve street eddress) d STREET ADDRESS	4. IS RES DENCE ON A FARM?
	108 LINDEN LERI	LAKE 108 +	INDEN TERRACE YES NO DE
3	NAME OF DECEASED	Midd e Lest	4. DATE Month Dey Yeer
	(Type or print) KOBERT	D. WORKMAN	DEATH APRIL d- 1962
5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED . B. DATE OF BIRTH	9. AGE (In yeers IF JNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
_	MALE WHITE WIDOWED		8 yrs. 1
110	one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County	y & Siele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I.	The state of the s	MBERCOMPANY DANVILLE	OHIO LUSIA,
1	B. FATHER'S NAME	14. MOTHER'S MAIDEN N	A transmission of the second
-	HEODORE WIRK N WAS DECEASED EYER IN U.S. ARMED FORCES? 16 S	OCIAL SECUR TY NO 1/2 INFORMANT	WHEATON
	es, no, or unkown) (livesgive wer or detectors ce)	4. I'm (listly) or Various	Charge Mil was Tracence
	18. CAUSE OF DEATH [Enter only one couse per lin	1.02-CESTITIO CASTALL	SILLESPIE LOSLINDEN LECRACE
	PART I. DEATH WAS CAUSED BY:	and the sentie	ONSET AND DEATH
L	IMMEDIATE CAUSE (a)	Constant Carolina Contract	real lymphorode
L	Continue with	h medadaser to	M 1 1 All & years
L	Conditions, if eny, which (b) au	divough need and	removemently -0 -
L	(e), stating the underlying DUE TO	V	0
2		R BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
I	Arteriocelante la estar	ease with cardischypert of he	appaymentar YES NO PERFORMED?
186	200. ACCIDENT WAS UNDERLYING _ 206. DESC OR CONTR BUTING _ CAUSE OF DEATH	RIBE HOW INJURY OCCURED. (Enter nature of neury in	erif) or Pert H of Iem 18.)
E	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. In While	JURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, Not White factory, street, office bldg., etc.)	20f. (City or lown) (County) (Stele)
AFD	Hour e.m. While et work	1401 111110	
	21. 1 certify that (I) (this hospital) attend	ed the deceased from January,	1958, to April 29, 1967 that (1) (we) last
	saw the deceased alive on. A	196.7 and that death occured at 5.	M, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING M	ED. STAFF A S S GNED
	Richard M. Julia	M.D. PHYS. DI	RECTOR PHYS. 196
	PHYSICIAN'S NAME (Type) RV44 DO N	TILLMANAD 30355	+ Pulist Baltinore, 18
- -	Bo. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	1 23d. LOCATION (City, town or county) (State)
ľ	REMOVAL (Specify)	NORTH CHNTON CEMETERY	P. Some (Va Outo
2	FUNERAL DIRECTOR'S SIGNATURE	LACICIAL CONTRACTOR	D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE
1	HENRY WILLENKINSGOUS	4905 YORK KD DATE MA	Y 2 '62 Cirlma S. Minute
	Value of the same	BALT 12, MB	



TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page they be retained by the hospital or attending physician.

Example of PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, generation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF MEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
04361	CERTIFICATE OF DEATH	04357				
1. PLACE OF DEATH	11 2 HSHEL RESIDENCE (Where	deceased lived, If institution, Residence before edmission)				
a. COUNTY	a. STATE N.	b, COUNTY &				
Dalt in	MARYLAND	Haward				
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside co	rporate limits, write RURAL and give nearest town)				
write RURAL and give nearest town)	CAD -	10.4				
Westwein	3 mas Clenth	City 13x.2				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address) d. STREET ADDRESS	e. IS RESIDENCE				
ON A FARM?						
1211 Daper Uner	me ally the	earters arm YES NO				
3. NAME OF DECEASED OF First Roller	Middle Last 4. OF	Month Day Yeer				
(Type or print) Latheruse	double V DEAT	1700				
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B. DATE OF BIRTH	9. AĞE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
T W WIDOWE	DIVORCED 11-29-75	ast birthday) Months Days Hours Min.				
10e. USUAL OCCUPATION (Give kind of work 10b. KI	NO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State,	or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)	1. 11. 11	11.50				
Hausenge /	rame saveus co.	Mac. USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Henry Chiller	. l. + Many Harry	V Has line				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INFORMANT	Address 017 - 1				
(Yes, no, for unkown) Myesgivewarordatesofservice)	1	1 2001 Stereday				
ne	Thamash. War	less ble them the mil				
18. CAUSE OF DEATH (Enter only one cause per li	ne for (a), (b), and (c),)	INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY,	13 5 10 1/1	ONSEL AND DEATH				
IMMEDIATE CAUSE (a)	4.2.6.0.0	Syra				
DUE TO						
200						
Conditions, if any, which (b)	0.00					
(e), stating the underlying DUE TO						
cause last.						
(6)	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART UNIT 19 WAS AUTOPSY				
O PARTIE OTHER SIGNIFICANT CONDITIONS CON	THIS CHANGE TO BEATE DO THE TERMINAL DISEAS	PERFORMED?				
K		YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part	I II of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH						
U		ity or town) (County) (State)				
Hour a.m. While						
p.m. 19 at worl	at work					
21. I certify that (I) (this hospital) attended	led the deceased from the 9 19021	o 0,000 1902that (I) (we) last				
the demand alive on Park	17 1962 and that death occured & M. fro	the course and on the date stated shows				
saw the deceased alive on						
22a. SIGNATURE	ATTENDING_ MED.	STAFF SIGNED				
asseld GATE	M.D. PHYS. DIRECTOR	□ PHYS. □ 4-7-67				
Zic. PHYSICIAN'S	22d. ADDRESS					
NAME (Type)	. I Value	ustrilla				
JAMES G.	HOWELL	and the same of th				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	235, NAME OF CEMETERY OR CREMATORY 23d. 19	CATION (City, town or county) (State)				
REMOVAL (Specify)	8 06	and alla hal				
Burial 4/10/62 Communel Com. Scarggerille 104						
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS 256. REC'D BY REGISTRAN'S SIGNATURE						
No With Handleson Kaund Med DAPR 11 '62 arily S. Krous						
cen we company	A LOVER IT OF					



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Reside a. COUNTY **b.** COUNTY Baltimore Maryland \$ C MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b 2 write RURAL and give nearest town! Rural - Woodlawn, 7 Rural- Woodlawn. 30 vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 1920 Englewood Ave. 1920 Englewood Ave. completely 3. NAME OF Middle Lasl 4. DATE Month DECEASED OF (Type or print) Mr. Earl 0 Zentz DEATH April carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and law requires that the death certificate be lest birthday) Months Nov. 22, 1884 Male WIDOWED DIVORCED | physician 10a. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Fertilizer Bus-Retired Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please c attending and William F. Zentz Katura Virginta Griffe Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 [Yes, no. or unkown) | (If yes give we rordates of service) Mrs. Bertha B. Zentz, attending physician. No 216-05-9514

18. CAUSE OF DEATH | Enter only one cause per line for (e), (b), and (c). permit. PART I. DEATH WAS CAUSED BY. CEREBRAL HE MORRHAGE IMMEDIATE CAUSE (a) as the burial-transit DUE TO Conditions, if env. which has been gave rise to immediate cause DUE TO (a), stating the underlying the hospital or & After this certificate detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20f. (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer factory, street, office bidg., etc.) While Not While WED Hour e.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on 4-10 1962, and that death occurred at 100 from the causes and on the date stated above. 220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. c)anni 22d. ADDRESS 226. PHYSICIAN'S FUNER NAME (Type) Samuel director, p 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 4-19-62 Krieders Cemeterv Burial FUNERAL DIRECTOR'S SIGNATOR

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 7/61

U.S.A. 1920 Englewood Ave. Baltimore 7, Maryland ONSET AND DEATH ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PERFORMED? NO (County) (State) SIGNED 2104 Gwynn Oak Ave., Balto. 7, Md. 23d. LOCATION (City, town or county) (State) Maryland Carroll County. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 728 Liberty Rd. Randallstown. Md. DATE LOD 1

Baltimore

Day

16

e. IS RESIDENCE ON A FARM?

Year

19

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

NOX

62

AND REAL PROPERTY AND ADDRESS OF THE PARTY O THE TO ME IN LESS AND THE PARTY OF THE PARTY and thus the second the Constant who to the other THE REAL PROPERTY. , HALL HARTS AND THE n 4 - The Mark Mark Mark Control of the the commence of the second second a a ga New years Herman I there are a let the The same of the sa